



# Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework: Implementation Guide

Approved by the Optometry Council of Australia and New Zealand December 2024





## Acknowledgment of Country



The Optometry Council of Australia and New Zealand acknowledges the Traditional Custodians across the lands, waters and seas that we work, live and learn on. We pay our respects to Elders past and present and thank them for their continuing custodianship and ongoing contribution to society. OCANZ respects all Aboriginal and Torres Strait Islander Peoples, their customs and beliefs.

We acknowledge the Wurundjeri Woi Wurrung People of the Kulin Nation as the Traditional Owners of the lands where our office is located.

***Kāhore taku toa i te toa takitahi, he toa takitini***

*We cannot succeed without the support of those around us*



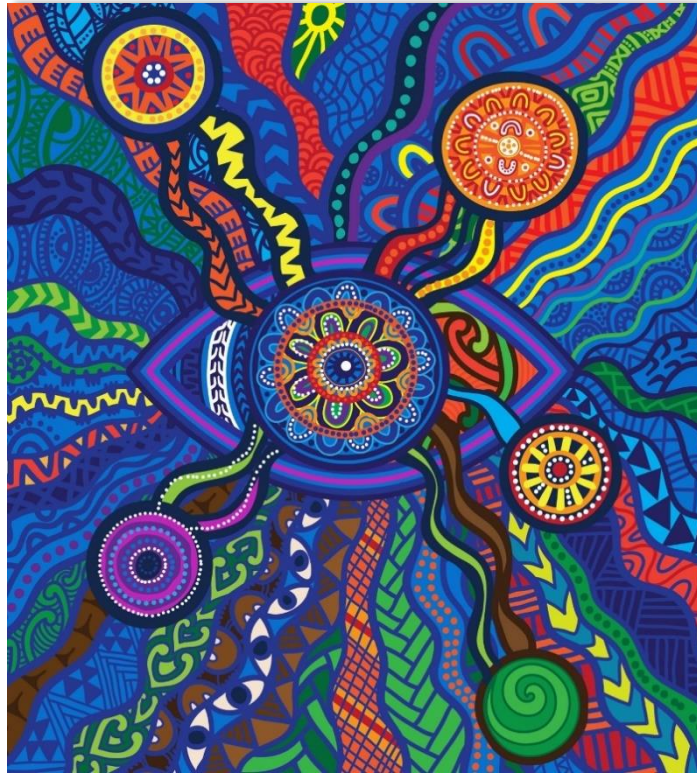
Artwork acknowledgement:

Looking at Country – Cultural Connections by Riki Salam (Mualgal, Kuku, Yalanji, Ngai Tahu), We are 27 Creative

Māori Art design by Graham Tipene (Ngāti Whātua, Ngāti Kahu, Ngāti Hine, Ngāti Haua, Ngāti Manu), Te Wheke Moko Design Studio

## **‘Looking at Country - Cultural Connections’**

by Riki Salam (Mualgal, Kuku Yalanji, Ngai Tahu), We are 27 Creative.



**Magpie lark sings in early dawn light, mist lifts as heat rises. Deep lines carved throughout Country, mud slides in shaded mangroves streams nurtures new beginnings. Engravings etched in wood send messages from place to place. Stars guide our way and bring us to new and plentiful lands. Tracks imprinted in desert sands; freshwater is found. Pathways connect us all stretching across land, sea and sky. Songs are sung in ceremony, Country is born, celebrations begin.**

This artwork ‘Looking at Country - Cultural Connections’ is about looking at all different aspects and ways of looking and seeing Country and how it provides for us for in many and varied ways. From time immemorial Country has sustained us across generations, we, the custodians of these lands need to continually care for and look at Country in new and different ways. As we care for Country, so Country will take care of us. Cultural pathways are connected to OCANZ which is symbolised as a meeting place and yarning circle. This central circle also reflects the iris and the almond shape reflects that of an eye. The OCANZ values are connected to the central circle and references the Southern Cross constellation significant to both Australia and Aotearoa. These values help guide the organisation to open up many and varied opportunities of entering into the ever important work of optometry and bettering the health and well-being of First Nations People throughout Australia, Zenadth Kes (Torres Strait) and Aotearoa. The patterned pathways represent the importance of People, Culture and communities, these paths guide our way and reinforce support, stability and understanding throughout OCANZ.



## Indigenous education sovereignty

Indigenous education sovereignty refers to the inherent right of Indigenous communities to define and control their own educational systems, goals, and practices. This concept emphasises the importance of self-determination in education, allowing Indigenous Peoples to incorporate their cultural values, languages, and traditions into the learning process. It aims to create an educational environment that respects and nurtures Indigenous identities, knowledge systems, and ways of knowing.<sup>1</sup>

## Section 1: Introduction

### Recommendations for successful implementation

The original 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework explains that:

*Implementing curricula successfully is not just about content; it must address the overall educational journey where students are guided through a set of teaching, learning and assessment experiences toward the achievement of educational outcomes and graduate attributes (Hughes et al. 2012). To enable these learning outcomes to be reached, there are many elements throughout the journey that need to be considered. These include factors at the level of direct content delivery; professional development and support for educators; and elements that enable a supportive organisational context. (Section 3-7)*

OCANZ is committed to supporting optometry programs in Australia and Aotearoa New Zealand (hereafter referred to as Aotearoa) in their ongoing efforts to introduce and embed the OCANZ Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework into the curriculum. This document highlights areas of focus to ensure successful implementation of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework in full (Novice, Intermediate and Entry to Practice skill development) in Australia, and in a phased approach in Aotearoa.

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<sup>1</sup> Jacob, W.J., Cheng, S.Y., Porter, M.K. (2015). Global Review of Indigenous Education: Issues of Identity, Culture, and Language. In: Jacob, W., Cheng, S., Porter, M. (eds) Indigenous Education. Springer, Dordrecht. [https://doi.org/10.1007/978-94-017-9355-1\\_1](https://doi.org/10.1007/978-94-017-9355-1_1)



## Our intent

The intent of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework is to create a safe space for learning and upskilling with the aim of ensuring a culturally safe and responsive eye care system for Aboriginal and Torres Strait Island patients and practitioners. This Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework Implementation Guide is an invitation to optometry educators in Australia and Aotearoa to embrace learning about Aboriginal and Torres Strait Islander culture. OCANZ will support trans-Tasman implementation of this learning in a phased approach in Aotearoa and with ongoing support.

This Implementation Guide is a new document written with the completion, and approval of the OCANZ Board in December 2023, of the OCANZ Optometry Māori Health Curriculum Framework. An Implementation Guide was also developed by OCANZ to support the implementation of the OCANZ Optometry Māori Health Curriculum Framework. The OCANZ Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework has also been revised and the implementation guidance provided in the original framework removed and replaced by this document.

The OCANZ Optometry Health Curriculum Framework resources now include:

- 1 OCANZ Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework – 2018 and updated 2024
- 2 OCANZ Optometry Māori Health Curriculum Framework – December 2023
- 3 OCANZ Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework: Implementation Guide – 2024
- 4 OCANZ Optometry Māori Health Curriculum Framework: Implementation Guide – 2024

## Implementation expectations of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework

### Recommendations for implementation in **Australia**:

OCANZ expects, and will support, the Optometry Education Providers in Australia to achieve all learning outcomes across **Novice** (10 learning outcomes), **Intermediate** (8 learning outcomes) and **Entry to Practice** (7 learning outcomes) skill development.

#### Recommendations for implementation in **Aotearoa**:

OANZ acknowledges implementation of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework will occur in Aotearoa in a phased approach over time.

OANZ expects, and will support, Optometry Education Providers in Aotearoa to work towards addressing, at a minimum, the ten (10) **Novice** level learning outcomes of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework in the first phase.

OANZ will review implementation expectations every 5 years in accordance with the Accreditation Standards update.

#### **A statement on the use of generative Artificial Intelligence (AI).**

Authentic education about Indigenous culture must be led by Indigenous people themselves, ensuring respect, accuracy, and genuine cultural exchange. Relying on generative AI to teach Indigenous culture is both unacceptable and disingenuous. Such AI lacks the lived experiences, deep knowledge, and nuanced understanding necessary to authentically represent and convey the complexities of Indigenous traditions, values, and practices. Using AI for teaching and assessment risks perpetuating misunderstandings, cultural appropriation, and further marginalization of Indigenous voices.





## Section 2: Recommendations for successful implementation

### 2.1 Leadership and strategy

#### Recommendations for implementation in **Australia**:

High level leadership and strategy are critical to the successful implementation of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework at the whole of organisation, as well as the Faculty or School level in a university context. This includes:

- championing the importance of Aboriginal and Torres Strait Islander health.
- leadership of an implementation plan for the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework and securing required resources to do this to a high-quality standard.
- in the university context, shared leadership across the broader institution to promote alliances and sharing of resources for mutual benefit and best outcomes.
- leadership and strategy should also promote alliances, partnerships and sharing of resources with other optometry programs of study.
- Cultural governance refers to the structures, policies, and processes that are established to manage and promote culture within a society. Schools should establish a cultural governance mechanism to advise and support the implementation of the curriculum.

It is vital that the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework content is articulated and highly visible in strategic planning, documentation and monitoring activities so there is an accountability process in place to track how it is implemented.

#### Recommendations for implementation in **Aotearoa**:

Demonstrated leadership at the School level for the successful implementation of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework.

This includes:

- championing the importance of Aboriginal and Torres Strait Islander health within the curriculum
- consideration / demonstration of an implementation plan for the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework. This may be achieved by mapping the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework learning outcomes against the existing curriculum to identify natural synergies and opportunities to include Aboriginal and Torres Strait Islander curriculum.

## 2.2 Embedding community partnerships in governance and practice.

OCCANZ Accreditation Standards Domain 2, “Cultural Safety”, requires that:

*Criteria 2.2: There is input into the design and management of the program from First Nations Peoples*

*Criteria 2.7: The design and management of the program, particularly its clinical components, continue to have regard to relevant national policies concerning the health and health care of First Nations Peoples (OCCANZ, 2023, p. 10).*

### Recommendations for implementation in Australia:

Optometry education providers may choose to address these standards in a variety of ways. For example, providers may already work with appropriate governance processes that include Aboriginal and/or Torres Strait Islander representatives. If this is a committee, the committee may oversee and guide curriculum development for optometry and could be involved in how the Optometry Aboriginal and Torres Strait Islander Curriculum Framework is implemented. Other strategies include:

- developing guiding principles for engaging with Aboriginal and/or Torres Strait Islander Peoples.
- developing relationships and partnership agreements with Aboriginal and/or Torres Strait Islander organisations that are reciprocal (not transactive) and centre Aboriginal and/or Torres Strait Islander Peoples worldviews.
- developing and implementing Reconciliation Action Plans or alternative demonstration of commitment

Optometry education providers may undertake more than one of these strategies.

It will be valuable to consider how the existing governance processes can support implementation of the Optometry Aboriginal and Torres Strait Islander Curriculum Framework. Careful consideration must be given to the Aboriginal and/or Torres Strait Islander representatives invited to participate. Participants can include relevant Aboriginal and/or Torres Strait Islander health leaders within and outside of the optometry profession, and representatives from local Aboriginal and/or Torres Strait Islander health organisations.



#### Recommendations for implementation in Aotearoa:

Based on the curriculum mapping (see recommendations for leadership and strategy) identify and map a strategy for engaging the appropriate Aboriginal and Torres Strait Islander expertise required to introduce Novice level learning outcomes. This may include negotiating reciprocal knowledge sharing partnerships with trans-Tasman networks or engaging the services of Aboriginal and Torres Strait Islander organisations who specialise in culturally safe education services – see the useful resources section.

## 2.3 Staff capacity

The OCANZ Accreditation Standards require teaching and clinical staff, and assessors to be suitably qualified and experienced for the units they teach, supervise, and assess. Specifically, Criteria 2.5 states that:

*The education provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about the health of First Nations Peoples (OCANZ, 2023, p. 10).*

#### Recommendations for implementation in Australia:

Staff capacity is a vital element for optometry education providers to include in their implementation plan for the Optometry Aboriginal and Torres Strait Islander Curriculum Framework. Currently there are very few Aboriginal and/or Torres Strait Islander teaching staff. Building cultural safety in the workplace, and up-skilling all staff in knowledge and skills in cultural safety and Aboriginal and Torres Strait Islander health are critical steps for implementing and delivering curriculum.

Critical questions for optometry education providers to address are:

- Is there a shared and clear understanding of the difference between cultural safety training compared to cultural awareness training? Please see the brief description of each form of cultural training on pages 15-18.
- Has completion of cultural safety training been set as a minimum requirement for staff who teach and assess Aboriginal and Torres Strait Islander health and cultural safety program content?
- What level of support has been secured from staff at all levels of governance, management and implementation of the optometry program? Has cultural safety training been provided or offered to these staff to assist them in appreciating the relevance of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework?

- What formal support and resources are available to recognise the emotional labour and colonial load of Aboriginal and/or Torres Strait Islander staff involved in the optometry program and provide direct support?
- Is an Aboriginal and Torres Strait Islander employment strategy currently in place and/or does the program actively support any organisation-wide Aboriginal and Torres Strait Islander employment strategy that is in place.<sup>2</sup>
- What steps have been taken to ensure that existing Aboriginal and/or Torres Strait Islander staff, including guest lecturers, also have access to the cultural safety professional development and support offered to non-Indigenous staff? It is important to not assume that because of their cultural identity, Aboriginal and/or Torres Strait Islander staff are fully equipped to develop and deliver curriculum and support Aboriginal and/or Torres Strait Islander students.
- What steps have been taken to establish and support active pathways for progression and professional development of existing and future Aboriginal and/or Torres Strait Islander staff?
- What steps have been taken to establish standardised processes for culturally safe moderating as part of the program's quality review process for assessment?

#### Recommendations for implementation in Aotearoa:

- Completion of cultural safety training set as a minimum requirement for staff who teach and assess Aboriginal and Torres Strait Islander health and cultural safety program content.
- Staff awareness and knowledge of protocols for / if / when engaging with Aboriginal and Torres Strait Islander organisations and individuals.  
(see section on useful resources).

## 2.4 Aboriginal and/or Torres Strait Islander student support needs

Domain 5 of the OCA NZ Accreditation Standards, "The Student Experience", contains two criteria that focus on student support, and equity and diversity.

*Criteria 5.5 Students are informed of and have appropriate access to personal support services provided by qualified personnel, and,*

*Criteria 5.7 Equity and diversity principles are observed and promoted in the student experience" (OCA NZ 2023, p. 18).*

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<sup>2</sup> Aboriginal and Torres Strait Islander staff must meet the three-part definition of identity, i.e. are of Aboriginal descent, Torres Strait Islander descent or Aboriginal and/or Torres Strait Islander descent; identify as an Aboriginal person, Torres Strait Islander person or Aboriginal and Torres Strait Islander person; and are accepted as such by the community in which he/she lives.

While these two criteria are inclusive of Aboriginal and/or Torres Strait Islander students, it is vital that optometry education providers consider the specific needs of Aboriginal and/or Torres Strait Islander students as highlighted in Criteria 2.3

*Criteria 2.3 The education provider promotes and supports the recruitment, admission, participation, retention and completion of the program by First Nations Peoples*

which specifically requires support of Aboriginal and/or Torres Strait Islander students throughout the program.

#### Recommendations for implementation in Australia:

Providers need to recognise the emotional labour, colonial load and journey of Aboriginal and/or Torres Strait Islander students in the higher education environment and provide them with formal support and resources. Providers also need to consider the existing ability of staff to provide this support, and the steps needed to improve what is provided and how it is implemented.

An important component that may not receive sufficient consideration is the need to prepare academics and Aboriginal and/or Torres Strait Islander students for learning and teaching on cultural safety and Aboriginal and Torres Strait Islander health. At times this content can be traumatic for Aboriginal and/or Torres Strait Islander students depending on their history and experiences, how the teaching is structured, and the modalities used to engage students. Ideally, teaching materials and approaches should acknowledge and validate these realities. Such an outcome will be more likely if academics are well prepared for creating and maintaining culturally safe learning spaces, and if Aboriginal and/or Torres Strait Islander students are briefed on the units before they are delivered.

In addition to the daily experience of being 'racialised', Aboriginal and/or Torres Strait Islander students frequently face racial prejudice and discrimination from non-Indigenous peers on several additional fronts in higher education e.g. regarding their presence in the course, how they accessed their place, and what support they are and are not receiving. These dynamics can escalate when curriculum on Aboriginal and Torres Strait Islander health is being covered. It can contribute to Aboriginal and/or Torres Strait Islander students choosing not to declare their cultural identity within the program and/or the wider higher education context.



Critical questions for optometry education providers to address are:

- Have specific strategies been developed for academic staff and Aboriginal and/or Torres Strait Islander students to prepare adequately for learning and teaching in relation to Aboriginal and Torres Strait Islander knowledges and well-being?
- Have specific strategies been developed for Aboriginal and/or Torres Strait Islander students to seek support, if needed, based on either the content or how their non-Indigenous peers respond in learning and teaching spaces, including online?
- Have specific strategies been developed for educating non-Indigenous students on the necessity of affirmative action strategies for Aboriginal and/or Torres Strait Islander students, and the respect that is required when discussing curriculum that describes the lived experience of their families and communities?
- What is the existing ability of academic staff to both identify and respond to the support needs of Aboriginal and/or Torres Strait Islander students, and what should be done to enhance this?

#### Recommendations for implementation in Aotearoa:

- Strategies for Aboriginal and/or Torres Strait Islander students studying in Aotearoa to seek support if needed.
- Strategies for Māori students to seek and access support if content on Aboriginal and/or Torres Strait Islander Peoples health leads to trauma through racism and discrimination from non-Indigenous peers.

## 2.5 Ensuring the allocation of sufficient resources.

Domain 4 of the OCA NZ Accreditation Standards is the Program of Study and includes a criterion regarding resourcing of the program.

*Criteria 4.11 The optometry program has the resources, including access to clinical facilities, to sustain the quality of education that is required to facilitate the achievement of the OCA NZ-endorsed competency standards. (OCA NZ 2023, p. 14).*

Cross-referencing Domain 2, under the heading “Cross-cultural competence”, Domain 4 further outlines that “education providers are expected to show how acquisition of competence in providing eye care for diverse ethnic and social groups and populations, including but not limited to First Nations Peoples... is appropriately integrated within the program” (p.17).

Additionally, the revised Australian Entry-Level Competency Standards for Optometry 2022 have increased the prominence of cultural responsiveness and culturally safe care (see page 8).

Performance indicators require optometrists to:

- Recognise and evaluate how social and cultural determinants of health may influence vision and eye health, general health and wellbeing, access to care, patient/client attitudes and responses to optometry services (2.2.2)
- Apply the principles of culturally responsive and safe care to all aspects of practice (2.2.3)
- Reflect on their own cultural identity, personal beliefs, assumptions, values, perceptions, attitudes and expectations and how they impact on their communication (3.1.7)
- Recognise that practice context (e.g., Aboriginal Community Controlled Health Organisation, hospital) and location (e.g., practice in Aotearoa, remote location) may impact the professional learning required to deliver clinically appropriate care that is culturally safe and responsive (4.2.4)
- Foster a safe working environment through culturally responsive, safe and respectful practice (5.1.1).

#### Recommendations for implementation in **Australia**:

Resourcing the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework implementation process is paramount in supporting optometry education providers to prepare students to meet the Framework's content themes and learning outcomes. Optometry education providers should anticipate the need to include an allocation of resources for enhancing staff capacity as part of the implementation plan. These resources will be directed at:

- building staff capacity in understanding and teaching cultural safety, and providing support to Aboriginal and/or Torres Strait Islander students, i.e. through both professional development and recruitment
- preparing for and supporting the cultural safety of educators who deliver the curriculum, both Aboriginal and/or Torres Strait Islander and non-Indigenous educators, including access to cultural supervision and mentoring from Aboriginal and/or Torres Strait Islander people.

#### Recommendations for implementation in **Aotearoa**:

- building staff capacity in understanding and teaching cultural safety
- preparing for and supporting the cultural safety of educators who deliver the Aboriginal and Torres Strait Islander Framework curriculum.
- sharing of relevant resources with Australian schools e.g. Leaders in Indigenous Optometry Education Network (LIOEN) repository

## 2.6 Integrated and discrete curriculum content

### Recommendations for implementation in **Australia**:

The OCANZ standards are the **minimum** requirements to be met by optometry higher education providers. Consistent with the OCANZ Accreditation Standards Domain 2, it is highly recommended that the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework be delivered through having both discrete (standalone) content and content integrated across other units in the optometry curriculum. Undertaking an initial curriculum mapping process against the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework will help identify what content is currently delivered and where in the curriculum and identify what changes or adaptations will assist the program to strengthen its alignment with the Framework.

### Recommendations for implementation in **Aotearoa**:

- Curriculum mapping to identify where the Aboriginal and Torres Strait Islander content should be included within the curriculum and identification of the resources required to deliver the content.

## 2.7 Continuous quality improvement

OCANZ Accreditation Domain 3 pertains to Academic Governance and Quality Assurance.

*Criteria 3.1 The education provider has robust academic governance for the program of study that includes systematic periodic monitoring, review and improvement of the program (OCANZ, 2023, p. 12)*

*Criteria 3.2 Input is obtained periodically from internal and external stakeholders to the design, review and improvement of the program, including feedback from students, consumers, academics and representatives of the optometry profession to ensure the program remains fit for purpose. (OCANZ 2023, p. 12).*

### Recommendations for implementation in **Australia**:

The implementation of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework is a starting point for optometry education providers. Once implemented, it can be included in regular program review and improvement processes.



#### Recommendations for implementation in Aotearoa:

- Inclusion of the implementation plan of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework in regular program review and improvement processes.

## 2.8 Bridging the Frameworks: Cross-Tasman theme

The *Optometry Māori Health Curriculum Framework* identifies two themes with trans-Tasman application and therefore relevance to the *Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework*. OCANZ view these themes as ‘bridging’ themes for the two Frameworks in Aotearoa and Australia. They include Theme 7: *Building a bridge: Research, clinical environments, and suspicions* and Theme 9: *Recognition of and acknowledging the Trans-Tasman relationships and traditional caretakers of the lands*.

Theme 7 encourages reflection on how one's own culture is influenced by majority cultures in Australia and/or Aotearoa and how the dominant culture impacts suspicions of minority cultures when engaging in bridging programs.

Theme 9 recognises that Aboriginal and/or Torres Strait Islander and Māori Peoples in Australia and Aotearoa have a shared colonial trauma that precedes the current inequities observed within communities. The theme highlights the similarities and, importantly, the differences that exist for each Peoples. It is essential to know and acknowledge the custodians of Country (Australia) and local/traditional mana whenua (Aotearoa) and maintain appropriate respect and recognition of regional cultural practice and processes.





## Section 3: Useful Resources

This section includes a list of websites, organisations, videos and print materials that have been used by OCANZ to enhance the organisations cultural safety learning more broadly. *OCANZ encourages optometry educators to source and develop a resource list and meaningful networks that supports their teaching needs.*

### Websites

Australian Indigenous Health InfoNet - <https://healthinfonet.ecu.edu.au/>

First Nations Eye Health Alliance - <https://fneha.com.au/>

Aboriginal and Torres Strait Islander Higher Education: resource page -

<https://www.education.gov.au/resources/aboriginal-and-torres-strait-islander-higher-education>

Wingaru - <https://www.wingaru.com.au/>

Lowitja Institutes Cultural Safety Audit tools - <https://www.lowitja.org.au/product/cultural-safety-audit-tools/>

### Professional Cultural Competency Training courses

ABSTARR [Abstarr Consulting - About](#)

Clinical Yarning: Improving Communication in Aboriginal Health Care -

<https://www.clinicalyarning.org.au/#>

Indigenous Allied Health Australia – Cultural Responsiveness training - [IAHA Training](#)

Murra Mullangari: Introduction to Cultural Safety and Cultural Humility – [murramullangari](#) –

[CATSINaM](#)

Waminda Cultural Immersion & Decolonisation Workshops - <https://waminda.org.au/cultural-programs/>

Wingaru Butabuta Cultural awareness training - [Wingaru Butabuta — Wingaru](#)

### Video Resources

Asking the Question, Sista Girl Productions. 2019 - <https://vimeo.com/99014500>

Beyond the myths, Reconciliation Australia. 2013 - <https://www.youtube.com/watch?v=uWxpc-fezL4&t=93s>

Cultural Iceberg. 2026 - Source: [https://www.youtube.com/watch?time\\_continue=1&v=woP0v-2nJCU&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=1&v=woP0v-2nJCU&feature=emb_logo)

Cultural Respect Framework 2016 - 2026: For Aboriginal and Torres Strait Islander Health, SA Health.2026 - [https://www.youtube.com/watch?v=D6TcM9ETfsY&feature=emb\\_logo](https://www.youtube.com/watch?v=D6TcM9ETfsY&feature=emb_logo)

Healing Foundation – video experiences of those impacted by the Stolen Generations.  
<https://healingfoundation.org.au/videos/>

Intergenerational Trauma Video Series - [Bing Videos](#)

Kevin Rudd (PM) delivers a National Apology to The Stolen Generations. 2008  
[https://www.youtube.com/watch?v=y1-9NO6G\\_dw](https://www.youtube.com/watch?v=y1-9NO6G_dw)

NITV's The Point - explaining the Uluru Statement from the Heart.  
<https://www.sbs.com.au/ondemand/watch/1536590915993>

OCANZ Supporting Culturally Safe Optometry Practice – Education Videos  
[Culturally safe communication while conducting an eye health consultation](#) and  
[Interpersonal racism](#)

The First Australians documentary series <https://www.sbs.com.au/ondemand/tv-series/first-australians>

Shades of Deadly, Clothing the Gaps, *YouTube*, accessed April 2022 - [https://youtu.be/\\_u12jeClmg](https://youtu.be/_u12jeClmg)

Stan Grant interview with UN Special Rapporteur on the Rights of Indigenous peoples Victoria Tauli-Corpuz on Institutionalised Racism in Australia <https://www.youtube.com/watch?v=junGEJP3F1M>

#### [Published Articles / Helpful resources](#)

Centre for Cultural Competence Australia: Aboriginal and Torres Strait Islander Timeline  
[https://s3.amazonaws.com/Heartweb/course\\_materials/CSP/T02/CCCA\\_Factsheet\\_Timeline\\_2019.pdf](https://s3.amazonaws.com/Heartweb/course_materials/CSP/T02/CCCA_Factsheet_Timeline_2019.pdf)

Eyecare now, Eyecare Always: [downloadable resources](#)

Koorified: Aboriginal Communication and Well-being  
[https://healthinonet.ecu.edu.au/healthinonet/getContent.php?linkid=133022&title=Koorified+%3A+Aboriginal+communication+and+well-being&contentid=27222\\_1](https://healthinonet.ecu.edu.au/healthinonet/getContent.php?linkid=133022&title=Koorified+%3A+Aboriginal+communication+and+well-being&contentid=27222_1)







## Section 4: Definitions:

**Cultural awareness training:** Cultural awareness training focuses on:

*...raising the awareness and knowledge of participants about the experiences of cultures different from their own - in particular, different from the dominant culture. Therefore, cultural awareness training maintains an 'other' rather than clear self-focus for participants. It...tends to have an individual/personal rather than systemic focus. Even if racism is named the focus is on individual acts of racial prejudice and racial discrimination. While historical overviews may be provided, the focus is again on the individual impact of colonisation in this country, rather than the inherent embedding of colonising practices in contemporary health and human services institutions. (NACCHO 2011, p. 9)*

**Cultural capabilities:** This term is used in the original Aboriginal and Torres Strait Islander Health Curriculum Framework (Commonwealth of Australia, Department of Health 2014) and reflects the outcome of a literature review (Taylor et al. 2014) that indicates a move away from the idea of 'cultural competence' to focusing on the development of cultural capabilities, which "denotes ongoing learning, and for students/health professionals to demonstrate these capabilities in practice" (p. 3). The idea of developing capabilities:

*...offers not only a more holistic framework for approaching the kinds of skills, attributes and knowledges that need to be developed; but an approach that moves away from reducing individuals to tick box cultural categories and instead towards abilities that can be responsive to the diversity of Aboriginal and Torres Strait Islander peoples. (p. 8)*

The original Aboriginal and Torres Strait Islander Health Curriculum Framework emphasises that capabilities are "holistic, transferable and responsive, and can be adapted to new and changing contexts" (Section 2, p. 27). Five interconnected graduate cultural capabilities are identified: respect, communication, safety and quality, reflection and advocacy. Please refer to Section 2, pages 8-10 of the original Aboriginal and Torres Strait Islander Health Curriculum Framework for more detail on how each capability is described.

**Cultural respect:** This refers to the demonstration of individual and institutional health care practice that respects the rights of Aboriginal and Torres Strait Islander Australians to maintain, protect and develop their cultural values, knowledges, practices and skills. This contributes to Aboriginal and Torres Strait Islander Australians experiencing cultural safety during their interactions with the health care system, whether as staff or clients, and achieving equitable health outcomes (Australian Health Ministers Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2016).

Further, as emphasised in the National Aboriginal Community Controlled Health Organisations (NACCHO) (2011) background paper to the creation of 'Cultural Safety Training Standards':

*...cultural respect means Aboriginal Peoples receive competent and skilled professional care from health workers who demonstrate consciousness that respect for different cultural values and meanings must be taken into consideration within their practice. They actively ensure culturally-informed health care decisions are made with and by the Aboriginal person and their family members, so that their rights to quality care are upheld. This includes recognition that Australian health care systems are based on the cultural values and beliefs of the dominant culture. Therefore, in order to demonstrate cultural respect, aspects of the system must be changed, adapted and/or challenged. (p. 12)*

**Cultural safety:** The following boxed definition has been adopted by the National Registration and Accreditation Scheme (December 2019) for consistent use across the Scheme:

**Principles:**

*The following principles inform the definition of cultural safety:*

- *Prioritising COAG's goal to deliver healthcare free of racism supported by the [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#)*
- *Improved health service provision supported by the Safety and Quality Health Service Standards [User Guide for Aboriginal and Torres Strait Islander Health](#)*
- *Provision of a rights-based approach to healthcare supported by the [United Nations Declaration on the Rights of Indigenous Peoples](#)*
- *Ongoing commitment to learning, education and training*

**Definition**

*Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.*

*Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.*

**How to**

*To ensure culturally safe and respectful practice, health practitioners must:*

- a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;*
- b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;*

- c. *Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;*
- d. *Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.*

At an Australian Government level, cultural safety:

*...identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes. Cultural safety is not defined by the health professional but is defined by the health consumer's experience—the individual's experience of care they are given, ability to access services and to raise concerns. (Australian Health Ministers Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2016, p. 18)*

**Cultural safety training: the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) (2014)** identifies the following essential features of cultural safety that should be reflected in cultural safety training, and evident in individual and institutional health care practice:

- *An understanding of one's own culture.*
- *An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s).*
- *It is informed by the theory of power relations - any attempt to depoliticise cultural safety is to miss the point.*
- *An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations People's lives and wellbeing – both in the past and the present.*
- *Its presence or absence is determined by the experience of the recipient of care – it is not defined by the caregiver. (pp. 8-9).*

This CATSINaM definition was adopted in the Australian Government's 'Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health' (Australian Health Ministers Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2016, p. 18).

There are other resources that optometry education providers can draw on in strengthening their understanding of and ability to teach cultural safety in their program. See section 3 Resources, page 14.

**Cultural supervision and mentoring:** The reference to cultural supervision and mentoring in this framework refers specifically to supervision provided by an experienced Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander person (within or external to the university) for non-Indigenous *staff*, and Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander academic *staff*. It focuses on supporting and developing the supervisee’s cultural capabilities in delivering optometry education regarding health care for Aboriginal and/or Torres Strait Islander Australians. In contrast, commentary on this topic in the original Framework was focused on cultural supervision and mentoring for students.





