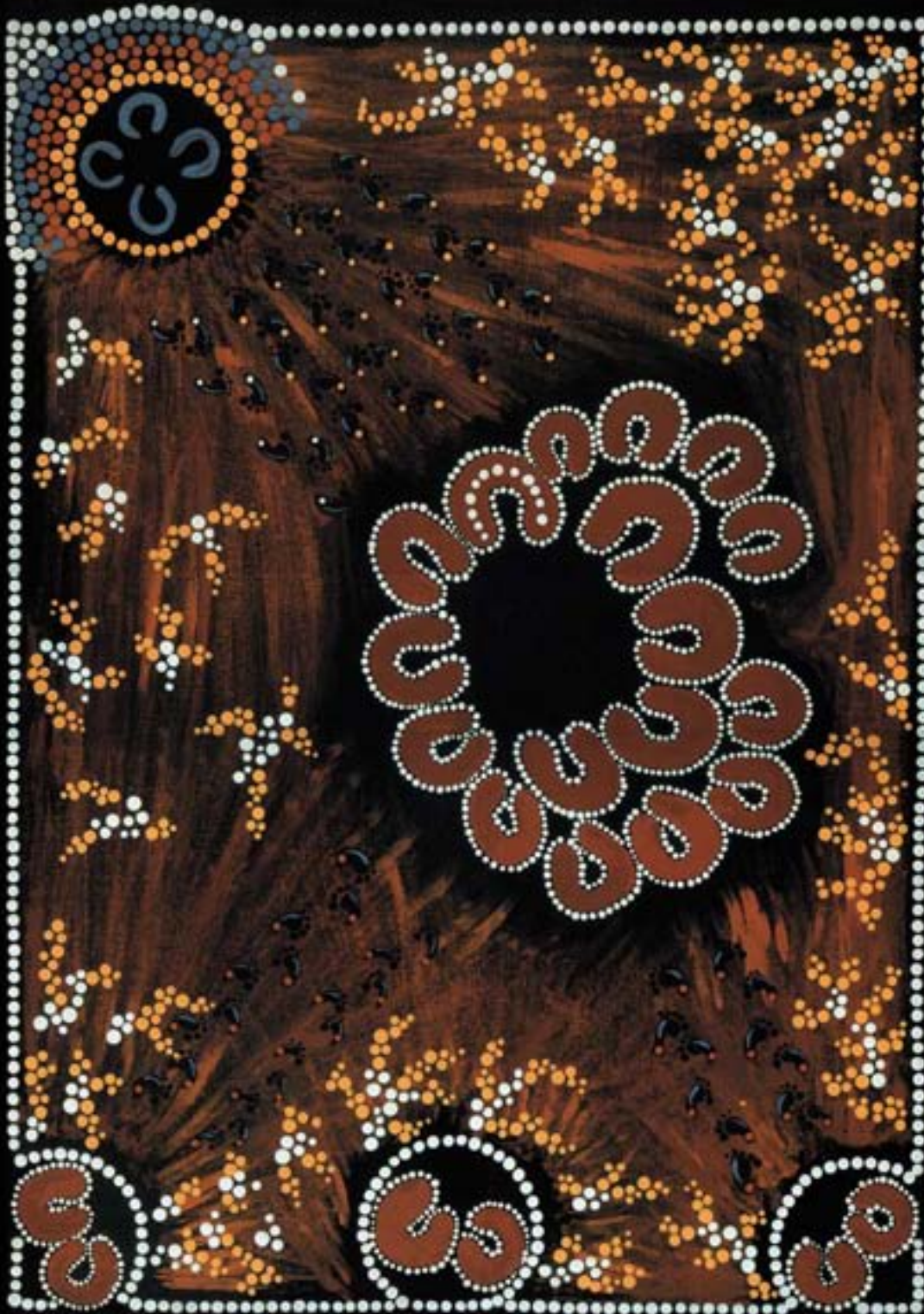


Principles of Practice, Standards and Guidelines for Providers of Cervical Screening Services for Indigenous Women

The following principles were developed to assist in breaking down some of the barriers faced by Indigenous women when attending health services for cervical screening, and to maximise their access to the cervical screening pathway.



"You just have to talk to the women in the community. If you don't ask, you don't know what it takes to make them feel comfortable... And if the women have no line of communication they don't know what is going on there at the service. But don't expect the communication channels to be set up overnight. ... It all takes time ... (Indigenous) people don't trust systems or services that have not had their input during the development stages and you should liaise through the local (Indigenous) Health Worker or Liaison Officer.... hopefully in the beginning and not after there are problems. This includes during any planning phases of service provision and community members have to be involved at every stage after that too for services to work properly"

- Community Woman,
Eidsvold, QLD.

The paintings used for this document are by Central Australian Health Worker and Artist Margaret Lankin.

The cover painting tells a story about how important it is for women to have regular Well Women's checks. Traditionally, older women taught the younger ones how to look after themselves and their country. The traditional women supported each other and nowadays that support and advice is still important. The shapes represent the women sitting around together having a meeting. The one with the white dots is the lady from the screening place, who has come to talk about breast screening, cervical cancer and Well Women's screening. The circle with yellow, grey and brown dots is the screening place. Circles with white dots are the other communities involved in this big meeting. The footprints with white dots belong to the lady with all the knowledge she's going to pass on to the Aboriginal ladies there. The two ladies sitting in the circles are shamed. They sit there and wait to hear from the other ladies. The footprints with the yellow dots are the ladies who understand now what breast screening, cervical cancer and pap smears are, and how important it is to be screened. The yellow and white dots scattered over the painting are sending a strong message across to all women to be screened every two years.

Paintings Legend

Painting 1 Communication



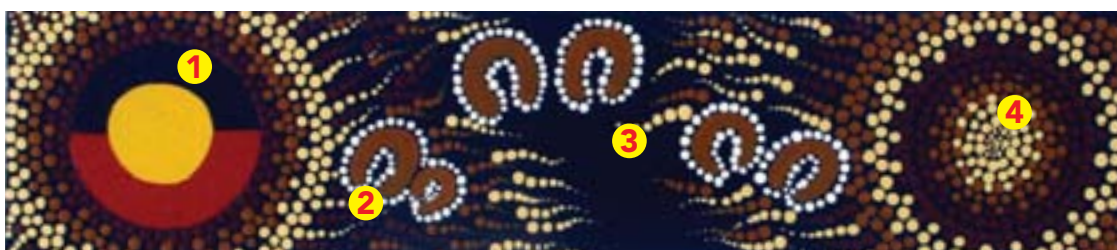
1 Health Service. 2 Foot prints of service provider. 3 Service provider talking to AHW and community members. 4 Going back to community with information and seeking community input. 5 Dots represent community and other input. But it all takes time!

Painting 2 Sharing Knowledge, Skills and Experience



1 Health Service. 2 Community members having a talk. 3 Community. 4 Dots represent knowledge, skills and experiences that both parties share. Community members and health services build a better relationship to better services.

Painting 3 Choices - Everyone is Different



1 Aboriginal Medical Service. 2 Mum and bub. 3 Indigenous women have choices as to what services they use - Aboriginal Medical Services or mainstream. 4 Mainstream Health Service.

Painting 4 Support/Resources



1 Dots represent resources and support. 2 Community members hear about accessing services for screening and follow-up care. 3 Women give support to Health Worker to go back out to the community.



***Principles of Practice,
Standards and
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for Providers of
Cervical Screening Services
for Indigenous Women***

The following principles were developed to assist in breaking down some of the barriers faced by Indigenous women when attending health services for cervical screening, and to maximise their access to the cervical screening pathway.

February 2004

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ISBN 1 920746 54 4

National Library of Australia Cataloguing-in-Publication data:
Principles of Practice, Standards and
Guidelines for Providers of Cervical Screening Services for Indigenous Women

Printed February 2004

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Foreword

Cancer of the cervix is a major health concern for Indigenous women and impacts upon the women, their partners, families and community members. It is a cancer too frequently diagnosed in Indigenous women and a significant cause of cancer death.

As a result of the research in Queensland (Kirk et al 1998)¹ the National Cervical Screening Program's Aboriginal and Torres Strait Islander Women's Forum collaboratively identified five key principles of practice and ten workplace practice standards which support the provision of culturally effective and culturally safe service delivery. Members of the Forum endorsed the development of a set of practice standards and guidelines to assist the development of appropriate service delivery in all States and Territories. The members of the Forum saw the potential for these standards and guidelines to be adopted or endorsed as a national priority area for action, as they have undergone national consultation.

As a follow up to this comprehensive national approach, I commend the "*Principles of Practice, Standards and Guidelines for Providers of Cervical Screening Services for Indigenous Women*" and extend the challenge to all service providers to improve the health and wellbeing of Indigenous women.

Patricia Kurnoth

Chair

Aboriginal and Torres Strait Islander Women's Forum
A Working Group of the National Advisory Committee to the
National Cervical Screening Program.

¹ Kirk, M., Hoban, E., Dunne, A. and Manderson, L. 1998. *Barriers to and Appropriate Delivery Systems for Cervical Screening in Indigenous Communities.*

Acknowledgments

This document recognises and commends the prior research work and commitment to improving the health of Indigenous women by Maureen Kirk who sadly passed away 23 April 2001. Maureen's quest for equality, respect and humane treatment of fellow Indigenous people suffering particularly from the effects of, and diagnosis, treatment and after care of, cancer should not be forgotten. Maureen's dedication in this field has resulted in the on going development of several positive changes, including these Principles of Practice, Standards and Guidelines, which act to assist the detection of abnormalities, thus alleviating the devastating impact that cancer has on Indigenous people Australia-wide.

Additionally, this document acknowledges the patience, participation and guidance of the many people across Australia throughout the consultation period and during the development of this document. Many Aboriginal and Torres Strait Islander women, Aboriginal Health Workers and Community Nurses gave their time during the consultation process. Without their guidance and support this document would not have been completed. The dedication, support and tireless commitment of all the people involved throughout this work assisted to identify and address local issues and contributed to the reinforcement of positive change through the development of national policy guidelines for best practice in service provision.

Appreciation is also expressed to the Australian Government Department of Health and Ageing which provided funds for the development of these standards and guidelines. Additionally, thanks are due for the provision of funds to establish and provide on going support for the Aboriginal and Torres Strait Islander Women's Forum, members of which guided the development of this document. This initiative has a membership of Indigenous women from across Australia from community controlled and government health services, and consumers. The Forum, which was founded in February 2000, provides a valuable point of reference in the area of cervical screening for Indigenous women and demonstrates the commitment from the Australian Government to improve screening rates for Indigenous women nationally.

Members of the Forum during the life of the development and completion of this document were: Donna Ah-Chee, Sandy Angus, Sharon Clarke, Cecilia Cox, Margaret Culbong, Lilly Geraghty-Madsen, Rebekah Kidney, Maureen Kirk, Patricia Kurnoth, Diane Moncrieff, Debra Rose, Juanita Sherwood, Erica Short, Alison Weston, Vera Wigg and Trish Williams.

Use of Terms

The term Indigenous has been used throughout this document and refers to Australian Aboriginal Peoples and Torres Strait Islander Peoples.

Recognising South Sea Islander People

South Sea Islander people may choose to live in all States and Territories of Australia. The Queensland Government formally recognises Australian South Sea Islanders as a distinct group of people, unique to that of Australia's Indigenous people (Diversity Matters, 2001)².

Not all South Sea Islander people migrated voluntarily to Australia. Large numbers of South Sea Islander people were brought against their will to Australia as a source of cheap labour for primary industries. Nevertheless, many South Sea Islander women married Australian men and in particular, Indigenous men. While wanting to retain their South Sea Islander heritage, language, culture and traditions, many South Sea Islander people work in Indigenous Health Programs (IHP), as Mobile Women's Health Nurses (MWHN) and with other service providers. South Sea Islanders living in Australian Indigenous communities constantly deal with issues related to race, their history and life experiences, language, culture, traditions, gender and spirituality and often experience barriers to service provision, treatment and follow up care.

² Diversity Matters. Issue 13, pg 4. September 2001. Multicultural Affairs Queensland.



**Principles
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Services for
Indigenous Women**

Cervical cancer is one of the most preventable of all cancers. The Pap smear is a reliable screening test and Australia has had the benefit of the National Cervical Screening Program (NCSP) since 1991. With regular biennial screening, up to 90% of the most common forms of cancer of the cervix can be prevented³. The various State and Territory programs have developed a range of strategies to enhance women's access to screening through a number of initiatives in rural and remote communities, designed to meet the needs of Indigenous women. As well as a genuine commitment to improving the health status of Australia's Indigenous people nationally, there is a commitment to supporting the valuable role of Indigenous Health Workers as health practitioners.

In Queensland, there has been work undertaken through the implementation of the *Queensland Indigenous Women's Cervical Screening Strategy 2001-2004*⁴. This Public Health Services strategy (from Women's Cancer Screening Services) was developed from research completed by the late Maureen Kirk. Members of the Aboriginal and Torres Strait Islander Women's Forum endorsed this strategy and supported the need for the development of these principles of practice, standards and guidelines for providers of cervical screening services for Indigenous women.

Much has been written about Indigenous people and their poor health status. Indigenous people believe they are taking a risk every time they enter a mainstream service. This is a belief system based on experience due to the removal of Indigenous people from their land.

The impact of colonisation from past government policies and practices, is considered by many to be responsible for dismantling traditions and kin and family structures, which has led Indigenous people to feel a sense of shame and distrust. The damage caused is evident and its effects continue today.

Some services and their staff believe that their organisations and the services that they provide are appropriate. However, many continue to remain culturally ineffective and culturally unsafe. This maintains barriers to access and contributes to poor health outcomes for Indigenous people.

The standards and guidelines within this document are supported with examples of case studies of good practice. These case studies identify proven strategies that reduce or remove barriers for Indigenous women and their families. Additionally, the case studies raise awareness and encourage the involvement and commitment of service providers, clients and community members. They are designed to provide a benchmark with which to evaluate cervical screening practices, including those services offered by general practitioners (GPs).

The five key principles of practice are:

- Respond promptly to client, community member and staff needs;
- Encourage on going participation of clients, community members and staff in service design and delivery;
- Be courteous and respectful to all clients, community members and staff;
- Operate efficiently and effectively; and
- Work towards best practice standards.

Ten workplace practice standards support the five key principles of practice:

- Make decisions collaboratively;
- Respect and acknowledge the importance of diversity and difference;
- Share experiences, knowledge and skills;
- Be responsive to client, community member and staff needs;
- Communicate effectively including responding to enquiries;
- Respect the privacy and confidentiality of clients;
- Develop and implement policies and procedures;
- Provide equity, efficiency and cost effectiveness;
- Liaise with clients and community members according to community protocols; and
- Ensure safe practice including duty of care.

These are not meant to determine specific skills and qualifications but to work to ensure that:

- Clients, community members and all staff have a say in the service provision;
- All staff are culturally aware;
- All staff are able to respect difference;
- Services can provide all staff with self-development, education and training opportunities and meet client, community and colleague needs; and
- Staff are encouraged to act in an appropriate manner, making thoughtful and ethical decisions.

These principles and standards were used to develop a number of guidelines. These guidelines and related questions form three audit tools, which are recommended to all service providers. Audit tools A, B and C are presented at the end of the document. Audit Tools B and C are available as stand-alone documents for quick reference.

³ *Indigenous Women's Cervical Screening Strategy, Women's Cancer Screening Services. Public Health Services, Queensland Health.*

⁴ *Indigenous Women's Cervical Screening Strategy, Women's Cancer Screening Services. Public Health Services, Queensland Health.*



Executive Summary



The overall goal of these principles of practice, standards and guidelines is to assist in reducing illness and death by prevention and early detection of cervical cancer in Indigenous women.

Background

While the evidence demonstrates that there have been significant gains made in the area of cervical cancer prevention for non-Indigenous women, research shows that the rate of Indigenous women who die from cervical cancer is much higher than for non-Indigenous women. The research report *Barriers to and Appropriate Delivery Systems for Cervical Screening in Indigenous Communities in Queensland*⁵ undertaken by the late Maureen Kirk in 1998 and funded by Queensland Health, clearly documented the specific barriers Indigenous women face when accessing the cervical screening pathway. All women, including Indigenous women, prefer a cervical screening pathway which includes not only the provision of services for cervical screening, diagnosis and treatment but which continues through to follow-up care, support services and support programs.

The Barriers Report identified that some existing services failed to meet the cultural, linguistic and geographical needs of many Indigenous women (Kirk et al, 1998)⁶. Further research (Kirk et al 2000)⁷ indicates that the same disadvantage applies to Indigenous women needing to access the breast cancer screening pathway. The barriers outlined in each report documented that many Indigenous women do not access screening services and do not seek appropriate follow-up care for abnormalities detected. Among the many findings, the reports documented that there was a lack of culturally safe and culturally effective support and counselling services.

As well as Maureen Kirk's research, epidemiological data from specific Aboriginal communities in Queensland over the 15-year period 1982-1996 indicates that the death rate from cancer of the cervix among Aboriginal women was 13.3 times higher than the State average. Data from the Torres Straits indicates that the death rate was 21.5 times higher than the State average (Health Information Centre, 1999)⁸. Other States and Territories also reported a higher level of incidence and mortality from cervical cancer amongst Indigenous women (AIHW, 2000)⁹.

One of the most significant health interventions put into practice, and which has the potential to counter the findings of disproportionate ill health of Indigenous women, has been in the Northern Territory (NT) with the employment of Indigenous Health Workers. The NT Indigenous Health Workers are employed within cervical screening services accessed by Indigenous women.¹⁰ Anecdotal evidence over the last decade suggests that Aboriginal Health Workers in remote areas of the NT also practise effectively as Pap smear providers. The NT Indigenous Health Workers are

regarded as integral team members working alongside registered nurses in Well Women's health screening. This strategy has facilitated a steady increase in cervical screening rates for Indigenous women in these areas.¹¹

Queensland Health has a commitment to supporting Indigenous Health Workers and proposes to adopt a similar model of training in Queensland in the future. Underpinning this commitment is Queensland Health's, *Queensland Indigenous Women's Cervical Screening Strategy 2001-2004*¹², which was developed in order to address the issues raised in Maureen Kirk's research. A key recommendation of this strategy called for principles of practice, standards and guidelines to be developed to assist all service providers, including GPs, who are involved in the provision of cervical screening services to Indigenous women. These principles will provide a benchmark against which service providers can evaluate cervical screening practices and service provision.

Complementary to the standards and guidelines is the Australian Government's Practice Incentive Program (PIP). This program aims to

ensure that all women, particularly women who have not been screened regularly or who have not been screened at least once in the last four years, are encouraged and supported to have a Pap smear¹³. A lot of GPs and about 20% of Aboriginal Medical Services are currently PIP accredited and can access the cervical PIP.

In recognition of the national significance of the two Queensland research reports and of other current data, the Australian Government Department of Health and Ageing funded the development of these standards and guidelines as a national resource. They have been developed to guide the development of good practice models and encourage quality of care for optimal health.

These standards and guidelines rely on open lines of communication, which in turn, encourage feedback. This involves encouraging clients, community members and staff to be involved in the design, development, implementation, maintenance and evaluation of services. The aim is to enable appropriate mechanisms for client-focused cervical screening services.



Section One

Rationale

Maureen Kirk (1998)¹⁴ found that screening services accessed by Indigenous women often operated out of locations that are not considered by them to be culturally safe or culturally effective. Often the services are built within infrastructures and/or geographical locations with environments that are not conducive to the Indigenous women's holistic health frame of reference. Services also often display a lack of respect of the culture, traditions and protocols of "Indigenous women's business" which relates either directly or indirectly to an Indigenous woman's personal and community wellbeing.

While these standards and guidelines have been designed to challenge existing paradigms and philosophies, they are also intended to investigate models of service delivery. This includes identifying where and how services are located and engendering service re-orientation by encouraging contributions from all people associated with the service. This includes clients, staff, community members and other health professionals including Indigenous Liaison Officers, the Indigenous extended family and other support networks in order to identify, acknowledge and respect local culture, traditions and customs. The standards and guidelines should continually work to improve service delivery and take into account that Indigenous women have had to adapt to a major shift in their culture and traditions to access "mainstream" services, medicine, treatment and follow-up care. This "mainstream" care, including any support or counselling, may have been provided in a manner perceived as culturally unsafe and culturally inappropriate by staff who lack knowledge of Indigenous culture and traditions.

The standards and guidelines document provides basic audit questions and tools, which can assist in the identification of care that best suits the characteristics of each service. The audit tools are structured as an integrated matrix of questions, prompts and checklists that should not be considered in isolation. Ideally, each organisation needs to conduct a self-assessment for all aspects of its service delivery to enable the organisation to plan and implement strategies for improvement.

The matrix of checklists and audit questions are an integral part of a risk-management approach, which ensures a quality service is delivered in a sustainable way. These assessments must be continuous and included in the induction of all newly appointed staff. The monitoring framework is adapted for each service and can be used to confirm that continual self-assessment occurs over time.

Why have practice standards?

Cervical cancer is one of the most preventable of all cancers. The Pap smear is a reliable form of cervical screening and Australia has had the benefit of the NCSP since 1991. As well, the State/Territory Pap Test Registers act as a safety net reminding women when their Pap smear is due. With regular biennial screening, up to 90% of the most common forms of cancer of the cervix can be prevented. Early detection of cervical abnormalities and cancer improves outcomes. Regular screening increases the likelihood of detecting abnormalities before cancer develops with a subsequent increase in the range of management options and treatment thus being available. The NCSP and the State/Territory programs have been instrumental in enhancing women's access to the screening pathway through a range of initiatives in rural and remote communities, designed to meet the needs of Indigenous women.

As a result of the research by Maureen Kirk (1998)¹⁵ the NCSP's Aboriginal & Torres Strait Islander Women's Forum identified the provision of culturally effective and culturally safe service delivery as a major priority area for action. There is potential for these standards and guidelines to be adopted nationally, as they have undergone national consultation.

Principles of practice, standards and guidelines provide a way to improve service delivery in all areas of the cervical screening pathway. They can have a broad application with a wide range of agencies, including government departments and community organisations. They can be used to assist all staff wherever cervical screening services are provided. This includes public and private services offered in hospitals, community health services, sexual health clinics, general practices and in remote area women's health services, outreach specialist services, and in community controlled Indigenous health services.

Setting benchmarks

Guidelines act as a checklist for setting benchmarks which identify the acceptable standards of service design, delivery and monitoring and can act as a mechanism for continuous quality improvement. These standards and guidelines are designed to identify "best practice" behaviours by all within the cervical screening pathway. Adoption of the accompanying principles will enable staff to improve their knowledge and to encourage greater acceptability of the service by clients. A primary aim is to promote a high degree of professionalism and to break down some of the cultural and linguistic barriers that may impede access to screening services by all women, particularly Indigenous women and women from other

disadvantaged groups. Regardless of one's culture, spirituality, race, language, disability, religious beliefs, gender and/or geographical location, all women should have equal access to appropriate and effective services.

Developing principles of practice, standards and guidelines and identifying case studies of good practice

The process of developing this document included acknowledging prior research reports and data and establishing steering committees with community members from both Queensland and interstate and with membership of other key partners involved in the area of cervical screening. These include the NCSP's Aboriginal & Torres Strait Islander Women's Forum, other individual key partners and Indigenous community representatives. In addition, contributions were sought from staff members within Queensland Health's Women's Cancer Screening Services, members of Queensland Health's Indigenous Women's Reference Group and members of the Women's Cervical Screening Services Indigenous Advisory Committee.

Sandy Angus, Senior Project Officer with Women's Cancer Screening Services, Queensland Health, coordinated the development of these principles of practice, standards and guidelines. Several draft documents were prepared in consultation and with participation from many people. Feedback was gathered from many Indigenous Health Workers, other colleagues and service providers in the cervical screening area including the Queensland Cervical Screening Program Quality Management Committee (QCSPQMC) and with members of several other local and national steering committees.

The development of these standards and guidelines follows on from the pioneering research work spearheaded by the late Maureen Kirk. Many State and national community meetings and focus groups were facilitated in order to identify how to ensure culturally effective and culturally safe service design, delivery, monitoring, maintenance and evaluation of service provision. Liaison occurred with all States and Territories to determine that the principles of practice, standards and guidelines set out some common themes that could be adopted or endorsed by each State and Territory.

Endorsing principles of practice, standards and guidelines

The Australian Government Department of Health and Ageing established the Aboriginal and Torres Strait Islander Women's Forum, which has a membership of Indigenous women from across Australia from community controlled and government health services, and consumer representatives. This initiative, which began in February 2000, provides a valuable point of reference in the area of cervical screening for Indigenous women.

Most State and Territory programs have developed materials in partnership with Indigenous women and communities, which identify local resources and initiatives to increase participation rates in cervical screening programs. In this document, the NCSP's Women's Forum identifies five key principles, principles that work towards developing culturally safe and culturally effective screening services and service monitoring practices.

⁵ Kirk, M., Hoban, E., Dunne, A. and Manderson, L. 1998. Barriers to and Appropriate Delivery Systems for Cervical Screening in Indigenous Communities.

⁶ Ibid.

⁷ Kirk, M., McMichael, C., Potts, H., Hoban L., Hill, Deb C. and Manderson, L. Breast Cancer: Screening, Diagnosis, Treatment and Care for Indigenous Women in Queensland Report. 2000. Queensland Health.

⁸ Coory, M., Thompson, A. and Muller, J. 1999. Cervical Cancer and the Queensland Cervical Screening Program. Information Circular No 49. Health Information Centre, Queensland Health.

⁹ Australian Institute of Health and Welfare and the Commonwealth Dept of Health and Aged Care, National Cervical Screening Program 2000.

¹⁰ Women's Cervical Cancer Prevention Unit, NT Health. December 2001.

¹¹ Ibid.

¹² Indigenous Women's Cervical Screening Strategy. Women's Cancer Screening Services. Public Health Services. Queensland Health. 2001.

¹³ Screening Program. 2000. Cervical Screening in Australia 1997-1998. Canberra.

¹⁴ Kirk, M., Hoban, E., Dunne, A. and Manderson, L. 1998. Barriers to and Appropriate Delivery Systems for Cervical Screening in Indigenous Communities.

¹⁵ Ibid.



Principles of Practice, Standards and Guidelines for Providers of Cervical Screening Services for Indigenous Women

"If you want to build partnerships these have to be equal. People have to be encouraged to share experiences, knowledge and skills. People have to try to understand where you are coming from and they have to want to know about one's difference.

They need to be sensitive and listen not just talk ... and they have to show empathy about our history and about our issues. Working together is not just about picking people's brains and giving nothing back in return or about people asking us to fix everything when there's trouble and when we haven't been involved previously. People like to be involved from the beginning otherwise it takes too much time and too much energy....

And it is insulting to expect us to "fix it" if nobody from the community has been involved until then plus it makes us people look like we are the troublemakers when it could all be avoided in the first place"
- Community Elder, Walgett NSW.

Five Key Principles of Practice

1. Respond promptly to client, community member and staff needs.

A client-focused service is one that has systems in place to monitor its practice, communicates effectively with its client groups and responds promptly to their on going needs. Responding promptly to staff needs also ensures that they are able to provide quality, equitable and effective access to services that feel culturally safe to clients.

2. Encourage on going participation of clients, community members and staff in service design and delivery.

Collaborative decision-making encourages and supports diversity and two-way partnerships and allows clients, community members and staff to share knowledge, skills and experiences to contribute to initiatives together. This would

include collaboration in the design, implementation, delivery, maintenance and evaluation of the service. It assists to build social capital and to provide on going quality and equitable and effective access to appropriate services. This principle would also assist in the identification of key people who can assist with the on going development, delivery, maintenance, monitoring and evaluation of practices, which work to ensure best practice service provision.

3. Be courteous and respectful to all clients, community members and staff.

By acknowledging and respecting the role and input of the client, community members and staff in decision-making which directly affects them, relationships are developed which are valued by all and which encourage access to services. Staff should be aware of and respect one another's differences as well as being competent in their roles. This includes respecting differences of

other staff who work within the service and clients and community members who access the service. Training and education should be provided to achieve this.

4. Operate efficiently and effectively.

Continuous quality improvement is the responsibility of management and staff and ideally will incorporate the needs of clients, community and staff. Good service delivery begins by acknowledging and respecting difference. Incorporation of on going input by clients, community members and staff in decision-making, can guide the effectiveness and efficiency of the service and can determine whether women feel confident in the quality of care provided.

5. Working towards best practice standards

Best practice standards underpin the quality management within each service and encourage a service delivery system that actively seeks



Section Two

input from all clients and community members, as well as all staff. The standards and guidelines developed from these principles of practice give a structured approach to the management of quality service provision. They give clear statements of expected performance as well as being an audit tool to identify gaps and opportunities for improvement.

Monitoring Staff, Services and Service Provision

Client, community and staff perception

The principles of practice are not meant to determine specific skills and qualifications. Rather they should be used to ensure that:

- Clients, community members and all staff have a say in service provision;
- All staff are culturally aware;
- All staff are able to respect difference;
- Services can provide all staff with self-development, education and training opportunities and meet client, community and colleague needs; and
- Staff are encouraged to act in an appropriate manner, making thoughtful and ethical decisions.

While a number of key criteria are used to assess the standard of the service, these are by no means complete and may differ in each community, individual service or geographical location. It is therefore a recommendation that these principles of practice be used as a working document in progress which will continue to evolve over time. The following ten practice standards might be used to identify gaps in service provision and to develop further mechanisms or strategies to breakdown existing or identified barriers.

Ten Workplace Practice Standards

To support the five key principles of practice the following ten workplace practice standards have been identified:

- a. Make decisions collaboratively;
- b. Respect and acknowledge the importance of diversity and difference;

- c. Share experiences, knowledge and skills;
- d. Be responsive to client, community member and staff needs;
- e. Communicate effectively including responding to enquiries;
- f. Respect the privacy and confidentiality of clients;
- g. Develop and implement policies and procedures;
- h. Provide equity, efficiency and cost effectiveness;
- i. Liaise with clients and community members according to community protocols; and
- j. Ensure safe practice including duty of care.

Each workplace practice standard has been developed within the framework of the five key principles.

The second workplace standard, "Respect and acknowledge difference", needs further clarification as this is often not understood. Respect and acknowledgment of difference has to be considered as acknowledging and respecting the importance of diversity, as valuing two-way equal partnerships, and valuing client, community member and staff needs. It also includes acknowledging and respecting that people are different by race, have had different life experiences, have different histories, different cultures, diverse languages, are of different genders and may have a spirituality of their own.

The standards and guidelines and each audit question that has been developed can be used to monitor the development, design, implementation, maintenance, evaluation and monitoring of the service and to ensure quality cervical screening and service delivery.

Needs, values and attitudes

Clients, community members and staff need to be aware of their own needs, values and attitudes when interacting with each other. Some of these are:

- Be sensitive to client, community and staff needs;
- Give individualised assessment of care;
- Promote and encourage two-way listening and respect;
- Show empathy;
- Be accountable; and
- Ensure confidentiality.



Case Studies of Good Practice

The following three services provide examples of good practice. Each service reflects many of the five key principles and ten workplace practice standards, which are underpinned by a set of needs, values and attitudes, which relate to the client, community members and the staff.

Inala Area Community Health Service

Situated on the outskirts of the city of Brisbane, Inala is an urban community which has a diversity of local languages, belief systems as well as gender and kinship systems.

The following information was compiled by -

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Inala Area Community Health Service
Wirraway Parade
Inala Qld 4077

Ms Sandy Angus
Senior Project Officer
Women's Cancer Screening Services
Public Health Services
Queensland Health
8th Fl 148 Charlotte St
Brisbane Qld 4000

Profile of the area - the location

The Inala Community Health Service is a mainstream health service, located about 15 kilometres, or about 30-40 minutes from the Brisbane GPO. Dr Noel Hayman, an Aboriginal doctor, began working in the Inala Health Centre General Practice in 1995. This service has eight doctors, three of whom are female, and seven other staff including three who are Indigenous Health Workers. Prior to Dr Hayman's employment there were no Indigenous staff at the community members' Health Service. The female general practitioner, Dr Sue Vlack, conducts a mother and babies clinic every Monday morning and with an Indigenous clinical nurse, Ms Nola White, is involved in cervical screening. Another Indigenous Health Worker, Ms Annette Rabbitt, conducts educational workshops and is involved in community liaison, development and advocacy.

If screening is discussed during a consultation, Dr Hayman asks the client if she would prefer to see a female doctor or Ms White. Dr Hayman takes very few Pap smears now that Dr Vlack and Ms White have joined the service.

The environment, the population and health services

Situated on the outskirts of Brisbane City, Inala is a combination of older style housing estates that include war service homes and state housing commission homes. Some new housing estates circle the outskirts of the town. The population of Inala is approximately 12,383 (2001 Census)¹⁶. The Indigenous population is 898, which is approximately 7.3% of the total population.

Objectives of this general practice service

- To improve the access of Indigenous peoples to a local general practice.
- To offer culturally safe and effective best practice service provision to clients.
- To support staff in professional development which acts to ensure good service provision.

Methods used by staff at this service to determine the barriers to service provision

- Focus group data analysis was initially collected from consumers and from staff employed at other organisations and departments. This included both government and non-government departments and organisations.
- Community consultation and participation.

A survey developed during 1995 found the following barriers to access

- No female doctors worked at the clinic.
- No Indigenous people worked at the centre.
- Pap smear provision was not available from female staff.
- Indigenous people perceived other staff as unfriendly and uncaring.
- Indigenous clients said that staff talked down to them to "make you feel shamed".
- Staff body language was interpreted by Indigenous people as unwelcoming.
- Indigenous clients were treated poorly at reception, eg. "Why are

you coming in at 4.30pm when we close at 5.00pm? Go home and come back tomorrow".

- Staff showed low tolerance to Indigenous child behaviour stating, "Keep them quiet".
- There was a long wait to see the doctor.¹⁷

Positive reasons given for attending the centre

- Convenience, clients live nearby.
- Satisfied with doctors and staff.
- Treated well by staff.¹⁸

The strategies to ensure access to cervical screening by Indigenous women

- Employ Indigenous staff, especially females, as health workers, nurses, receptionists or liaison officers.
- Indigenous art, artefacts and culturally appropriate health posters to create a culturally sensitive environment to help make Indigenous peoples feel more at home.



Section Three

- Provide cultural awareness training to all staff especially relating to women's business.
- Disseminate information in the Indigenous community about services offered.
- Promote inter-sectoral collaboration through liaison with Aboriginal Medical Services in Brisbane, liaison with the Inala Aboriginal and Torres Strait Islander Women's Health Support Group and attend Aboriginal and Torres Strait Islander inter-agency network meetings.

The above strategies are all on going and were developed to encourage general access of all Indigenous peoples including men and not exclusively used to target women's cervical screening. However, the first objective was to encourage community people to access the service. Thereafter, specific strategies have targeted women's health and prevention strategies including those around cervical screening. For instance, the Indigenous Health Worker conducts regular women's health days incorporating education on prevention.

Outcomes

Over the six-year intervention period of July 1995 until June 2001, the total number of Indigenous people who accessed the Inala Community Health Service increased by 434%, from 890 to 3,867, representing an increase from 5.7% to 21.1% of the proportion of Indigenous consultations. A total of 1,100 new patients attended the general practice during a six-year period.

How the data was accessed

A computerised patient record system was used to document the number of Indigenous consultations.

On going strategies for the future

The Indigenous clinical nurse commenced employment in July 1995, in a position which has recurrent funding from Queensland Health. As part of the clinical nurse's on going role, when required she talks to clients to ensure their confidentiality and confidence about the test prior to their Pap smear. Clients are encouraged to bring a friend or family member with them if needed. Indigenous health posters are now in place throughout the centre. Indigenous artefacts and paintings were purchased and are now also located within the centre. Local artists created some of the paintings and artefacts displayed.

Factors that contributed to the success of the program

Taking into account and acknowledging the diversity of local languages, belief systems, gender and kinship systems are extremely important. People should be treated as individuals and be allowed to tell who they are

and in which community they belong and not be categorised as belonging to one specific group, simply because they identified as Indigenous.

Health worker participation, community links and partnerships

The role of the Indigenous Health Workers is information sharing, advocacy and liaison across the whole community. Staff continue to facilitate the development of the program by consulting with community members and by ensuring that the program is offered in a culturally effective and culturally safe way. They assist people to attend the centre and provide on going advice and support.

What we can learn from this general practice service

Programs similar to the Inala service exist in many places Australia-wide but not all of these services meet the needs of Indigenous peoples. Although every community setting is different and locations and issues can be very diverse, the case study above identifies some common themes about service provision to Indigenous people. By applying the principles identified throughout this document and in particular by using the case studies included as a guide, the needs of both Indigenous people and the organisation are more likely to be met. Much can be gained by supporting Indigenous Health Workers in their own professional development. There is significant mutual benefit when Indigenous Health Workers work alongside community members and other service providers, including with local administrators, medical and nursing staff and other organisations and departments, to build partnerships in health.

Iwantja (Indulkana) Community Health Clinic

Iwantja and Indulkana are the same place but the Aboriginal community refers to the Indulkana Community Health Clinic as Iwantja.

Anangu Pitjantjatjara Lands Indulkana SA

The following information was compiled by -

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(Manager at the time of consultation)

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Profile of the area - the location

The Indulkana clinic is an isolated traditional community in South Australia and is situated eight kilometres off the Stuart Highway, 50 kilometres north of the Marla Roadhouse and 420 kilometres from Alice Springs (Northern Territory).

Anangu Pitjantjatjara Lands cover approximately 144,000 square kilometres. There are seven major communities each with its own clinic. Indulkana is one of these communities and a permit is required for entry to these traditional lands.

The environment, the population and health services

Nganampa Health has serviced a clinic at Indulkana since 1989. The clinic is also responsible for several homelands (out stations). The population can vary from about 200 to 400 traditional people and several non-Indigenous people who live and work with community members. Being the most easterly situated community it attracts many transient people from both the north and south who "sit down" for a while during their travels.

There is no resident doctor but a medical officer visits every two to three weeks. Visits from paediatric, ophthalmic, hearing and podiatry specialists also occur. There are five Indigenous Health Workers on the staff roster and their hours of work vary. Community Member Health Nurses work 38 hours per week and provide 24 hours on-call service provision sometimes partnered by an Indigenous Health Worker. Each Community Health Nurse works eight "on-call" duty shifts as well as working a three-day weekend every three weeks¹⁹.

The 24 hour on-call service determines that staff have limited access to email services. There is only one phone line available for both telephone and internet access and therefore they cannot be used concurrently. Funding comes from a variety of sources because of the many programs that are in place and have been sustained over the long term.

Cervical screening and Indigenous women living in remote areas of South Australia

A South Australian report on the health of Australians, released in 1994, indicated that cancer was the third leading cause of death in Aboriginal women and the fourth leading cause of death in Aboriginal men. Further, after adjusting for age, the Aboriginal population had higher

cancer mortality than other Australians²⁰. Hence, there have been concerted efforts to improve access to cancer screening for Indigenous women. At Indulkana, the Community Member Health Nurse and an Indigenous Health Worker have documentation that confirms attendance by women at the clinic and that the women are up to date with not only their screening, but with when they need to present for follow-up if required²¹.

In September 2002, more than 40 women, aged from teenagers to "Kungas" and "Pampas" participated in a focus group about cancer screening. "Kungas" refer to a mature woman with no or some children. "Pampa" can be used to refer to a much older woman. Elders often fall into this category, which also depends on the position or status within community members. The local Indigenous Health Worker translated some of the information.

One of the older women, although only settling in the community about 20 years ago after living in the bush, knew about cervical screening and cancer prevention. The women who self-elected to be spokeswomen were very outspoken, saying that good health and well-being and a continuity of care meant more than the physical well being of the person. It encompassed the social, emotional, spiritual and cultural well-being of the whole community and they saw it as their responsibility to ensure that their daughters and granddaughters knew about preventative knowledge and accessed screening services. Women from the community, Aboriginal Health Workers and the Nurse Manager all agreed that the small grants program issued by the Aboriginal Services Division of the South Australian Department of Human Services assists to address some of these issues. This was because the funding enabled community members to identify the issues and then determine how community members will address them.

Objectives of this community health service

To provide primary health care, support and complementary services, which act to improve the health of Indigenous peoples.

Methods that work to improve access to cervical screening, treatment and follow-up care

- Aboriginal Health Worker knowledge of women screened and women due for treatment and follow-up care (ie good systems for reminding/recalling women)
- Reminders to women about screening by Aboriginal Health Worker and Nurse Manager
- Organised "screening days" incorporated with the use of bathing facilities at the clinic and by organising social "get-together" days
- Small grants program from the Aboriginal Services Division, South Australian Department of Human Services.

Barrier to cervical screening

- Transient patients often don't have a Medicare card

Positive reasons given for attending the centre

- Convenience, clients live nearby
- Trust and respect for doctors and staff
- Treated well by staff
- All procedures explained by staff

The strategies applied to increase the access by Indigenous peoples

- Employment of Indigenous Health Workers
- The use of culturally appropriate promotional materials
- Cultural awareness and acceptance of staff
- Assurance of client confidentiality

Outcomes

- Low incidence of cervical cancer in community women
- Increase in access by community women
- New patients attending female practitioners

Performance indicator

A computerised patient record system is used to document the number of Indigenous consultations.

On going strategies for the future

- Continuing and regular education starting with females from eight years of age and continuing until schooling is finished.
- Antenatal care.
- Involvement of older women in education and feedback of cervical screening outcomes.

- Whilst protecting client confidentiality, provision of numbers and details of findings from Indigenous communities to Pap Smear Register.
- Continue Indigenous Health Worker involvement in program.
- More Aboriginal Health Worker involvement in actual screening of clients. Too many Health Workers avoid this interaction, not through lack of training but because they all too often regard the exercise as a "shame job". This then becomes a negative experience for the clients.
- Non-Aboriginal staff need support from Indigenous Health Workers to do effective and sensitive procedures which are culturally appropriate.
- Development of education processes and resources (material and human) to assist with the provision of health promoting information and education sessions to community women.

Factors that contributed to the success of the program

Taking into account the diversity of local languages, belief systems, gender and kinship systems was very important.

Health worker participation, community links and partnerships

The role of the Indigenous Health Workers includes information sharing, advocacy and liaison across the whole community. They continue to facilitate the development of the program by consulting with community members and by ensuring that the program is offered in a culturally effective and culturally safe way. They assist people to attend the centre and provide on going advice and support.

Better health strategies - when duplicating service delivery makes good sense

Partnerships between Indigenous Health Workers and other non-Indigenous professionals can work to improve the health status of Indigenous peoples. However, medical and nursing staff and providers of specialist medical services should acknowledge Indigenous ways of working. Additionally, each participant needs to acknowledge and respect the history that the other has experienced, the diversity of their culture and their traditions, their spirituality and how all of this impacts on their daily lives and living circumstances. Each person must respect difference.

Walgett Aboriginal Medical Service

The land of the Gamilaraay Nation. Sometimes spelt "Gamilaroi" and by non-Indigenous people, "Kimilaroi"

The following information was compiled by –

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Profile of the area - the location and services

Walgett Aboriginal Medical Service (WAMS) is located in remote western New South Wales. This rural township is sheep breeding country and also grows wheat and cotton. Walgett is on the Castlereagh Highway and is located about 300 kilometres north of Dubbo, 215 kilometres southwest of Moree and 600 kilometres (nine hours) northwest of Sydney.

The town of Walgett has one hospital with a community health centre located in this facility, both of which are mainstream. It also has Indigenous domestic violence and legal services, a police centre, courthouse and one bank. A Community Development Education Program (CDEP), a Centrelink office, a government primary and secondary school, a Catholic secondary school, two preschools, two clubs and a small business centre are also located in the town.

The environment and population

Walgett has Aboriginal and non-Aboriginal residents. There are two Aboriginal communities close by. Ten miles out and on the Barwon

River is Gingie Village and on the Namoi River is Namoi Reserve, which is sometimes referred to as "Nichols Land". The two major rivers form a junction at Walgett. There are about 2,500 residents of which about 70% are Indigenous people. Many families have lived their entire lives in the Walgett area.

Background of Walgett Aboriginal Medical Service

WAMS was established in 1986. Australian Government and State Health Departments predominantly fund the service.

Objectives of Walgett Aboriginal Medical Service

To provide primary health care to community members and to offer support to complementary services that work to improve the health of Indigenous peoples.

As at December 2001 services were provided at WAMS by the following staff:

- Chief Executive Officer
- Two Indigenous Health Workers (Dispensary Assistants)
- Eye Health Co-ordinator
- Ear Health Worker (TAFE - Community Audiometrist)
- Mental Health Worker
- Midwifery Health Worker
- Midwife
- Family Health Worker/Sexual Health Worker
- Drug and Alcohol Worker
- Dentist and Assistant
- Finance Officer and Assistant
- Two Receptionists
- One Community Development Education Program (CDEP)/Casual Receptionist
- Handyperson and Cleaner
- Mobile Children's Co-ordinator and Assistant
- One Doctor

The female WAMS doctor is qualified to deliver Sexual Health and Public Health Services.

Factors affecting cervical screening and Indigenous women living in this remote /rural area

The CEO of WAMS advised that she was not aware of a high incidence of cancer in Indigenous women residing in Walgett or attending the health service. Documentation confirmed the attendance of women presenting to the service to have their Pap smears. The documentation also found that family members, peers and the Indigenous Health Workers employed at the service followed up when clients did not have regular Pap smears and/or when clients had to present for treatment and follow-up care. A major issue for community members was that to access specialist treatment, clients had to leave their family and other community support people to travel to Dubbo or Orange, about four hours away.

In August 2001, focus group meetings were held at WAMS and with other community organisations in the area. At WAMS, many issues were discussed. The participants discussed women's cancer and prevention and treatment and the identified risks of not having a Pap smear. Additionally, the barriers to service provision, access to services and the need for education and training were discussed. In attendance at this meeting were the CEO and relevant WAMS staff, board members, local Elders, other community people and service providers. One of the Elders talked about her personal experience and of a time when she was non-compliant with regard to attending screening services. Since then however, she has become an advocate for screening among her peers. All women present knew about the risks if Pap smears were not done regularly and of the importance of cancer prevention, treatment and follow-up care, acknowledging that preventive health was a part of holistic health, which must include primary,

secondary and tertiary care. They stated that these all impacted on the social, emotional, spiritual and cultural well being of the whole community. The women recognised it as part of their responsibility to educate and ensure that the younger women in the community knew about preventive health, screening services and the importance of compliance to treatment and follow-up care.

Strategies employed by WAMS to encourage access to cervical screening, treatment and follow-up care

- Community education sessions on the risks and prevention of cancer.
- Indigenous Health Worker follow-up for women due for screening or treatment and follow-up care.
- Reminders to women about screening delivered by Indigenous Health Worker and doctor.
- Organised screening days incorporated within a "Women's Health Information Day".
- Opportunistic screening.

Barriers to cervical screening in Walgett

- Young people feeling stigmatised because of the fear of their sexual activity being discovered when having a Pap smear and/or seeking treatment and follow-up care.
- Limited choice of services to access for screening.
- WAMS lack of funds to employ a doctor for longer hours to meet the demands of service provision.

Positive reasons given for attending WAMS

- Clients believe service is culturally appropriate and culturally safe.
- Indigenous Health Workers are employed at the service.
- Centre is convenient as the clients live locally.
- There is trust and respect for doctors and staff.
- Clients and their families are treated well by doctors and staff.
- All procedures are explained by doctors and staff.

Strategies used to increase access

- Employment of Indigenous Health Workers.
- The use of culturally appropriate and culturally safe promotional materials.
- Cultural awareness and acceptance of staff.
- Assurance of client confidentiality.
- Appropriate reminder systems.
- Organised screening days.
- Convenient service provision.

Outcomes

- Increased attendance at screening services.
- Low incidence of cervical cancer in community women.
- Women much more knowledgeable about the risks and also about treatment and follow-up care.

Taking into account the diversity of local languages, belief systems, gender and kinship systems was an important factor that contributed to the success of the program.

Indigenous Health Worker participation, community links and partnerships

The role of the Indigenous Health Workers was information sharing, advocacy and liaison across the whole community, and involvement in the design, planning, development, maintenance and evaluation of the service by community members.

Although every community setting is different and the location and issues can be very diverse, some common themes about cervical screening and Indigenous women prevail. Partnerships between Indigenous people, including Indigenous Health Workers and their non-Indigenous counterparts such as medical and nursing staff and providers of specialist medical services, can work to improve the health status of Indigenous people.

"Everyone is different. We have AMSs (Aboriginal Medical Services) that whitefellas access and we don't discriminate against them in any way for that. But we like to have choices too. Not all of us go to the AMS either ... sometimes we want privacy from other community members. You just have to go where you feel the most comfortable and that's why women have to have a choice about service providers and service provision"
- Indigenous Health Worker, Perth WA.

¹⁶ Australian Bureau of Statistics. September 2002. CDATEA2001. First release by place of enumeration. (Inala statistics).

¹⁷ Hayman, N. *Improving Indigenous Access to a Mainstream Health Service. A Manuscript.* University of Queensland 2000.

¹⁸ Ibid.

¹⁹ Information supplied by Nurse Manager Ms J. Wilson, Indulkana Community Health Clinic.

²⁰ *Epidemiology of Cancer in South Australia. Incidence, Mortality and Survival 1977 - 1996 Analysed by Type and Geographical Location. Twenty Years of Data.* South Australian Cancer Registry. 1997.

²¹ Information supplied by Nurse Manager Ms J. Wilson, Indulkana Community Health Clinic.

Prompt Questions and Audit Checklist

The following standards and guidelines underpin the five key principles of practice outlined in Section 2.

Standard 1 - Make decisions collaboratively

Include clients, community members and staff in any initiative that involves them and encourage on going participation of clients, community members and staff in service design, implementation, delivery, maintenance and evaluation.

Collaborative input in decision-making encourages and supports diversity and two-way partnerships. It also encourages clients, community members and staff to share knowledge, skills and experiences to contribute to initiatives together, including in the design of the service, the implementation and the delivery, maintenance and evaluation of the service. This assists to build social capital and the provision of on going quality, equitable and effective access to appropriate services. Additionally, this standard assists in the identification of key people who can assist with this on going development, delivery, maintenance, monitoring and evaluation of practices, which work to ensure equitable, effective, safe appropriate service design and service delivery.

Relates to Principles - 1, 2, 3, 4, 5

1. Respond promptly to client, community member and staff needs.
2. Encourage on going participation of clients, community members and staff in service design and delivery.
3. Be courteous and respectful to all clients, community members and staff.
4. Operate efficiently and effectively.
5. Work towards best practice standards.

Guidelines

1.1 No one knows all there is to know about the history, culture, traditions and needs of Indigenous people. Indigenous people do not know everything about each other. However, Indigenous people do know better than anyone else what their own communities' needs are, where to go for the information required and with whom to liaise at a community member's level. Indigenous

people are more likely to access services where Indigenous people are employed.

Is there scope to employ an Indigenous person within your service?

Can your service support an Indigenous person to work in a way which meets their cultural and community needs?

Are the non-Indigenous staff in your service receptive to learning the ways in which an Indigenous person has to work in order to meet their needs and the needs of their community? If not, how can you change this situation?

1.2 Indigenous people know with whom it is important to liaise in their community.

Is there on going liaison with all clients and does the liaison include Indigenous Health Workers and/or Indigenous Liaison Officers in your local area?

1.3 It is important to work collaboratively to make all services effective, culturally safe and appropriate for all women, including Indigenous women. Appropriate services provide women with a choice so they can choose a service where they feel the service is culturally appropriate and culturally safe.

Is there a local Aboriginal Medical Service or alternative screening service which women can access? Do your staff work collaboratively with those services?

1.4 Client-centred service monitoring allows clients to collaborate in the development of good practices within services.

Does your service have an advisory, reference or steering committee which includes clients and community members it represents as members?

1.5 Advisory mechanisms should include clients as members, including clients from the Indigenous communities such as Indigenous Health Workers and/or Liaison Officers or other key partners. These members should liaise continuously with, and be advised by, community members.

Does your service include members of each group for whom you provide a service so that people can give feedback to guide service provision?

1.6 It is easier to establish client-centred health care provision than re-orient the service after it has been designed and established.

Have clients/community members been involved with your service from the very beginning? That is, during all of the planning, designing and developing stages and will they be included throughout the evaluation and maintenance stages?

"Don't expect the (Indigenous) community (women) to come along afterwards and fix everything. This isn't cost effective or respectful! it doesn't work like that.. The women need to be able to give input at the very beginning their input is so valuable And you need to evaluate along the way not just at the end of a service's development"- Community Woman, Adelaide SA.

Standard 2 - Respect and acknowledge the importance of diversity and difference

Respecting and acknowledging the importance of diversity, of two-way equal partnerships, valuing the clients, community members and staff needs is an important requirement for cultural safety. This includes acknowledging and respecting that people are different by race, have had different life experiences, have different histories, different cultures, diverse languages are of different genders and may have a spirituality of their own.

Clients and community members will decide if, and when, they are ready to use a particular service and this often depends on the service being seen as culturally appropriate and culturally safe.

Relates to Principles - 1, 2, 4

1. Respond promptly to the client, community member and staff needs.
2. Encourage on going participation of clients, community members and staff in service design and delivery.
4. Operate efficiently and effectively.

Guidelines

2.1 Indigenous people need to feel culturally safe.

Culturally safe refers to their culture being acknowledged and respected.

Do your staff seek advice from your clients, including Indigenous women, in your local area to determine whether your service is culturally effective, feels culturally safe and culturally friendly?

2.2 Culture, traditions, language and spirituality are important to Indigenous people.

Do your staff know about acknowledgment and demonstrate respect for culture and the right to be different?

2.3 Culture, language, spirituality, safety and diversity are important.

Do staff encourage clients and community members, including Indigenous women to share their experiences, education and training, skills and traditional and cultural knowledge to ensure that your service has a culturally safe and appropriate infrastructure and environment?

2.4 Cultural safety also means that people feel comfortable in the surroundings and that they feel safe to express their opinions.

Do your staff understand and respect the needs of Indigenous women to have a designated women's health service environment? This may include providing a separate designated area for the women and may include the need for extra blocks of time or to have out of hours appointments to perform that service.

2.5 Local Indigenous Health Workers and Indigenous Liaison Officers and other key community people know best about their communities and whether community members will feel comfortable accessing your service.

Do your staff discuss, in partnership with clients, Indigenous Health Workers and Indigenous Liaison Officers, the cultural, social, spiritual, economic infrastructures and environmental factors that prevent access to service provision?

2.6 Cultural and linguistic barriers prevent access to services. While some barriers can be obvious, others may be less obvious to staff and service providers.

Do your staff encourage input and feedback from clients and communities, including Indigenous women, to help determine if there are cultural, linguistic or other barriers to your service?

2.7 Indigenous people know more about their cultural needs than anyone else.

Does your service provide an environment which feels culturally safe for all clients including Indigenous women?

2.8 Education is important in assisting people to gain a better understanding about the history of Indigenous people. It is important to know about, acknowledge and respect their Indigenous traditions, culture and different life experiences. Staff and clients knowing, acknowledging and respecting people's difference makes clients feel less threatened and less alienated. In not assuming that they know the history and experience and in displaying local familiar artwork and relevant culturally effective resources, the environment may feel less threatening and less alienating to the client.

Is there access to cultural awareness education available for all staff, including for Indigenous employees who work within your service?

2.9 Community business and "sorry" business (deaths and funerals) can often interfere with pre-arranged meeting times, appointments or treatment and follow-up care.

Do your staff realise how important it is to liaise with the Indigenous Health Workers and/or Indigenous Liaison Officers to understand the timing, reshuffling, non-compliance and significance of not keeping pre-arranged meeting times and appointments for treatment and follow-up care? Do you have processes in place to deal with such issues?

2.10 It often takes courage to access a mainstream service.

Do your staff make allowance for one-off "drop in" appointments or for "opportunistic" screening and for group "drop in" appointments as an initial option for screening?

2.11 Indigenous people are very private about their health issues and often separate "men's business" from "women's business".

Is your service located in a "women's only" venue/location and away from "men's business" areas?

2.12 A key barrier for many Indigenous women accessing cervical screening services is shame and the perceived association with sexually transmitted infections.

Is your service in a separate venue/location from where sexual health services are located?

2.13 Working collaboratively can develop practical cost effective strategies to prevent or dismantle existing barriers.

Do your staff continually aim to build equal partnerships to share knowledge, skills, education and training and experience with clients and community including the Indigenous community and other individuals, non-government organisations, departments and agencies?

Do all staff, including administration and management staff, have access to the client and community who can assist to ensure that service delivery is considered culturally safe, effective and appropriate by all clients and community?

2.14 Health promotion resources and activities need to be culturally safe and culturally acceptable.

Do you use culturally safe and community accepted promotion and awareness materials, resources and activities that preferably have been developed by the clients and the local community, including the local Indigenous communities?

2.15 Decision-making about service design, development and provision needs to be collaborative from the beginning of the planning stages, during the designing stages and continue right through to the maintenance and evaluation stages. People do not want to "rubber stamp" someone else's ideas after they have been decided or after they have been put into practice.

Does your staff provide your clients, including Indigenous women, with the opportunity to be involved in service and resource development, education and training and service delivery?

2.16 English is often a second language for many people.

Does your service have access to interpreters?

"People need materials, resources (both human and material) and services that have been developed and accepted by the people themselves and which are relevant to their own community. Health Workers need to be supported in an on-going way and be trained as educators to encourage Indigenous women to access services.... They need to be supported to be role models, mentors and peers. Also, there needs to be access to Liaison Officers and maybe even interpreters when people have to access a service for screening, follow-up care and treatment especially when English is the person's second language." - Indigenous Health Worker, Brisbane QLD.

Standard 3 - Share experiences, knowledge and skills

There is significant gain in the sharing of knowledge and skills, in particular when acknowledging and respecting cultural and linguistic backgrounds. It may necessitate a different way of working but all key partners, both Indigenous and non-Indigenous, have diversity in knowledge, skills and cultural and linguistic life experiences to share.

Relates to Principles – 1, 2, 3

1. Respond promptly to client and staff needs.
2. Encourage on going participation of clients, community members and staff in service design and delivery.
3. Be courteous and respectful to all clients, community members and staff.

Guidelines

3.1 Sharing of education, training and knowledge; experience and skill breaks down barriers.

Do your staff encourage and support an environment which allows for the sharing of education, training, knowledge, skills and experience between all staff and all clients including Indigenous people?

3.2 Re-orientation of service design and delivery can be costly. It is more cost efficient if cultural issues are considered during the planning and development stages of service design, delivery and monitoring.

Does your service encourage and allow for cultural diversity and cultural exchange?

3.3 Indigenous women have many community responsibilities and often their own health care is overlooked. Your service should allow for group or block bookings to allow for transport, child-care difficulties and for family and/or "sorry" business.

Do you prompt and remind all women, particularly Indigenous women about when their next Pap smear/women's health check appointment is due?

Is this done verbally, in writing, in person or by all three or are there other systems in place, such as follow-up by the Indigenous Health Workers and/or Indigenous Liaison Officers?

3.4 Women requiring follow up appointments, care and treatment often need personal reminders. The Indigenous Health Workers and/or Liaison Officers may be able to follow up clients or be able to tell you the best way to approach the client.

Do you liaise with the local Indigenous Health Workers, Liaison Officers and/or other nominated key people to provide face-to-face contact to ensure follow-up?

Standard 4 - Be responsive to client, community member and staff needs

There must be flexibility in service design and delivery. This can be guided by community feedback and/or through the formation of a steering committee or other advisory structure.

Relates to Principles - 1, 2, 3, 4

1. Respond promptly to clients, community members and staff needs.
2. Encourage participation of clients, community members and staff in service design and delivery.
3. Be courteous and respectful to all clients, community members and staff.
4. Operate efficiently and effectively.

Guidelines

4.1 People in remote areas often have difficulty in accessing services.

Does your service offer outreach services or transport to/from the service when necessary?

4.2 Flexibility encourages access to service provision.

Is there flexibility in service design and delivery to encourage all clients including Indigenous women to keep appointments and access services including treatment and follow-up care?

4.3 Indigenous women often need support when accessing services, particularly mainstream services for the first time.

Do your staff acknowledge and make allowances for all clients including Indigenous women if they need support from another person or other family members to accompany them for appointments?

4.4 Feedback keeps everyone on track.

Do your staff encourage and have in place mechanisms to allow all clients, including Indigenous women to give feedback to your service and to feel safe in doing so?

Standard 5 – Communicate effectively, including responding to enquiries

Information technology and other resources are accessible to staff to facilitate prompt responses to client enquiries.

Relates to Principles - 1, 2, 4

1. Respond promptly to clients, community members and staff needs.
2. Be courteous and respectful to all clients, community members and staff
4. Operate efficiently and effectively.

Guidelines

5.1 A non-Indigenous timeframe can be very different to the timeframes of Indigenous people.

Do your staff have knowledge of and an understanding of the Indigenous concept of time and can they be flexible when responding to enquiries from all clients, including Indigenous people?

5.2 Timeframes have to be structured to fit with the Indigenous way of life. Appointments can be mutually agreed with clients at the time of making the appointment and/or confirmed in liaison with the Indigenous Health Worker or Liaison Officer. This will dispel confusion or misunderstanding about what is expected in making an appointment.

If the expected timeframe for a response cannot be met, is there provision for staff members to revise the timeframe in partnership with the client?

5.3 Unforeseen circumstances require staff to cancel or postpone meetings/appointments.

If the timeframe cannot be met are your staff able to acknowledge this and include an appropriate apology in the response?

"Aboriginal people have a different sense of time and importance about things that don't seem to bother whitefellas. We work around our family and community and what's going on there. Our family and community are very important because we've lost family in the past due to westernised, racist policies. Paper work seems important to others - yet some of us have never even had explanations, written or otherwise, about how our family was allowed to be taken away. So we live in tight knit communities now." - Indigenous Health Worker, Adelaide SA.

Standard 6 – Respect the privacy and confidentiality of clients

Service providers need to take into consideration the privacy of key partners and clients when they participate in meetings or forums. They need to be genuine as community people and clients know when service providers are not.

Relates to Principles - 3, 4

3. Be courteous and respectful to all clients, community members and staff.

4. Operate efficiently and effectively.

Guidelines

6.1 All clients, including Indigenous clients expect that their personal details and information about their service provision is kept confidential within the organisation.

Do your staff acknowledge and respect the need for privacy?

6.2 It may be appropriate for clients to have a family member/s, friend or an Indigenous Health Worker or Indigenous Liaison Officer present when talking about their results or follow-up care or treatment. However, you need to ask if this is an appropriate process or what else is preferred.

Do your staff acknowledge and respect this?

6.3 Clients, community members and staff including Indigenous clients do not want everyone outside the organisation knowing about their personal and private information.

Do your staff ensure that discussions about sensitive or confidential information occur only in confidential settings. Are paper/electronic files secured ie not left in reception areas?

6.4 Clients must give authority before sensitive or confidential client information or referrals are given to other service providers.

Do your staff obtain appropriate authority from the clients prior to referring clients to other service providers?

6.5 Indigenous people do not like any details about members of a community, or of data, particularly that which is of a sensitive nature, to be passed onto any person who does not belong to that community. Any intention to discuss or pass on information about a person or about one community, needs to be first discussed with the person or community members. The local Indigenous Health Worker and/or Indigenous Liaison Officer can advise who should be consulted or what is the procedure to do this.

"If the (Indigenous) women have had a say in how a service is set up they are more likely to feel comfortable (or culturally safe) in those surroundings. They will feel more respected and they will be more likely to believe that their personal health information will be kept private and confidential, meaning that they will be more inclined to recommend the service to other women" - Aboriginal Health Worker, Ceduna SA.

Standard 7 - Develop and implement policies and procedures

Up to date information technology is the responsibility of the service provider. Staff should ensure that all copies of current policies, procedures and position descriptions are displayed prominently and that any research conducted is appropriate and has community and ethical approval.

Relates to Principles - 1, 2, 4, 5

1. Respond promptly to client, community and staff needs.
2. Encourage ongoing participation of clients, community members and staff in service design and delivery.
4. Operate efficiently and effectively.
5. Work towards best practice standards.

Guidelines

7.1 Policies and procedures change to reflect changing situations. Staff need to know what is expected of them if they are to meet the demands of clients.

Do your staff remain up to date on current policies, procedures and practices? Are position descriptions available and do staff know how to access them? Are policies, procedures and position descriptions up-dated regularly?

7.2 Policies and procedures may not be understood by clients, community members and staff and they may want information about these to be given in language that is clear and easy to understand.

Are policies, procedures and consumer information easily understood by clients, community members and staff? Do staff use plain language and clear communication channels and do they speak in a friendly manner when talking about the policies and procedures to clients and other staff?

7.3 Everyone should be aware of current policies, procedures and practices and what is included in these.

Are current policies, procedures and organisational charts displayed prominently? Are they easily accessible?

7.4 Staff and clients need to be kept informed of any changes to policy, procedures and practice.

Are your staff formally advised of all policy and procedure changes in time to implement them effectively and communicate them to clients?

7.5 Indigenous people will tell you they are the most researched people on earth.

When involved in research which relates to women, particularly Indigenous women, do your staff inform all clients about the research and do your staff encourage all clients including Indigenous women to participate in the research? Are Indigenous women required to give consent before they are involved in research? Are opportunities built into the research that allows the women to guide the researcher? Are the findings returned to community members?

".... it is really important to liaise with women so that they understand what is being done with the research and why, but it might not be appropriate for them to give you that information It might be more appropriate for family members to be involved but you need to ask the women's permission to speak to her family first" - Community member, Ceduna SA.

Standard 8 – Provide equity, efficiency and cost-effectiveness

Service providers should be accountable for responding appropriately to client needs and for knowing and understanding their own role within the organisation.

Relates to Principles - 1, 2, 3, 4

1. Respond promptly to client, community and staff needs.
2. Encourage ongoing participation of clients, community members and staff in service design and delivery.
3. Be courteous and respectful to all staff and all clients.
4. Operate efficiently and effectively.

Guidelines

8.1 Staff are responsible for providing prompt and equitable services to all clients, including Indigenous clients and for showing respect for other team members.

Do your staff respect the roles of each team member, particularly when they are required to deal with clients and when interacting with decision-makers?

Do you support and provide opportunities for staff to develop skills in this area eg. through education and training opportunities?

8.2 Information about significant service provision and organisational issues needs to be discussed with the appropriate staff members and dealt with quickly and responsively.

Do your staff have allocated time and processes to raise and discuss service provision and organisational issues, and to deal with them appropriately?

8.3 To be efficient, services need to have policies, procedures and practices which are available, accessible and known to staff and these need to be followed.

Does your service have clear guidelines for staff to follow that reflect efficient use of financial, material and human assets?

8.4 Services need to be assessed for quality and cost-effectiveness.

Are your staff encouraged to undertake continuing quality assessments of your service including obtaining feedback from internal and external clients?

8.5 Service provision must reflect the aim and goals of business plans.

Does your service provision reflect the goals/objectives of your service?

"We are tired of all the research. We need services that meet our needs! For heaven's sake, we've been asked enough times what our needs are - surely people know what our needs are by now? Where does all this documentation go anyway, half the time we never even get to see it. That's for sure!" - Administrator, Aboriginal Medical Service, Port Lincoln. SA.

Standard 9 - Liaise with clients and community members according to community protocols

Service providers should be respectful of client and community protocols in Indigenous communities. On-going liaison with local Indigenous women and cultural awareness education and training can make service providers aware of the correct protocols, procedures and processes within Indigenous communities.

Relates to Principles - 1, 2, 3, 4

1. Respond promptly to clients, community members and staff needs.
2. Encourage ongoing participation of clients, community members and staff in service design and delivery.
3. Be courteous and respectful to all clients, community members and staff.
4. Operate efficiently and effectively.

Guidelines

9.1 All communities are different and each community has particular ways of working. To work effectively is to acknowledge and respect liaison with community members and the protocols of each individual community.

Do your staff know anyone from the local Indigenous community from whom they can learn and therefore understand each community's protocols?

Do your staff understand what the specific protocol is to liaise effectively with the local Indigenous people?

Do your staff know how to identify with whom to liaise within Indigenous communities, to determine these protocols?

Standard 10 - Ensure safe practice including duty of care

Safe practice must ensure the needs, values and attitudes of clients, community members and staff are considered and ensure that safe, quality, equitable care is part of service delivery and the workplace.

Relates to Principles - 1, 2, 3, 4

1. Respond promptly to clients, community members and staff needs.
2. Encourage on going participation of clients, community members and staff in service design and delivery.
3. Be courteous and respectful to all clients, community members and staff.
4. Operate efficiently and effectively.

Guidelines

10.1 All staff need to be aware of the impact that colonisation and past policies and practices have had on Indigenous people.

10.2 All staff need to be aware of the life experiences and the diversity of the history, culture, spirituality and traditions of Indigenous people.

Are your staff offered education and training to assist with their own professional development in this area of service?

10.3 Actions causing pain and shame or actions that withhold access to treatment and follow-up care for clients and which do not respect confidentiality of clients, community members and staff, must not be tolerated.

Do your staff know all of the options of service delivery, treatment and follow-up care that are available to clients?

Do your staff acknowledge and respect confidentiality within the service?

Are your staff aware of your organisation's values?

10.4 Coercing clients or community members to participate in treatment and follow-up care is not appropriate. All options should be presented and discussed openly in a safe and non-threatening environment and all communication should be documented.

Does your service provide every option for treatment and follow-up care and assist clients to access every option available?

Is all communication documented both verbally and in writing when appropriate?

Is information, treatment and follow-up care provided in a safe and non-threatening environment?

A Quick Reference Checklist

Effective service delivery is achieved by the following workplace practice standards:

1. Make decisions collaboratively

Staff, clients and community members need to be considered key partners in service design, delivery, planning, implementation, monitoring, maintenance and evaluation as they can best advise about access and service provision issues.

2. Respect and acknowledge the importance of diversity and difference

This includes partnerships between the client, community members and staff. This includes acknowledging and respecting that people may have different life experiences, histories, culture, language, history, race, spirituality and gender.

3. Share experiences, knowledge and skills

There is significant gain in the sharing of knowledge and skills, particularly when acknowledging and respecting cultural and linguistic backgrounds. It may necessitate a different way of working but all key partners, both Indigenous and non-Indigenous, have diversity in knowledge, skills and cultural and linguistic life experiences to share.

4. Be responsive to client, community member and staff needs

There must be flexibility in service design and delivery. This can be guided by client, community and staff feedback and/or through the formation of a steering committee or other advisory structures.

5. Communicate effectively, including responding to enquiries

Information technology and other resources need to be accessible to staff to facilitate prompt responses to client enquiries.

6. Respect the privacy and confidentiality of clients

Service providers need to take into consideration the privacy of key partners and clients when they participate in meetings or forums to upgrade knowledge of current policies and client procedures. They need to be genuine as community members. Clients know when service providers are not genuine.

7. Develop and implement policies and procedures

Up to date information technology is the responsibility of the service provider. Staff should ensure that all copies of current policies, procedures and position descriptions are displayed prominently and that any research conducted is appropriate, culturally safe and has community and ethical approval.

8. Provide equity, efficiency and cost effectiveness

Services need to be accountable by ensuring appropriate responses to client and community needs and by knowing and understanding the services and staff roles within the organisation.

9. Liaise with the clients and community members according to community protocols

Service providers should be respectful of client and community protocols in Indigenous communities. On going liaison with local Indigenous women and cultural awareness education and training can increase awareness of the correct protocols, procedures and processes within Indigenous communities.

10. Ensure safe practice including duty of care

Safe practice must ensure the needs, values and attitudes of clients, community members and staff are considered and also ensure that safe, quality, equitable care is part of service delivery and the workplace.

Effective service delivery is underpinned by:

- Sensitivity to its client, community and staff needs
- Individualised assessment of care
- Promoting and encouraging two-way listening and respect
- Empathy
- Being accountable
- Ensuring privacy and confidentiality

Effective service delivery is guided by the following five key principles:

1. Respond promptly to client, community member and staff needs

A client-focused service is one that has systems in place to monitor its practice, communicates effectively with its client group and responds promptly to their on-going needs. Responding promptly to staff needs assist staff to provide quality, equitable, effective access to services that feel culturally safe to clients.

2. Encourage on going participation of clients, community members and staff in service design and delivery

Collaborative decision-making encourages and supports clients, community members and staff to share knowledge, skills and experiences to contribute to initiatives together including in the design of the service, the implementation and in the delivery, maintenance and evaluation of the service. This assists to build social capital and the provision of on going, equitable, effective access to appropriate high quality services. Additionally, this assists in the identification of key people who can assist with this on going development, delivery, maintenance, monitoring and evaluation of practices. This will work to ensure equitable, effective, safe appropriate service design and service delivery.

3. Be courteous and respectful to all clients, community members and staff

Acknowledging and respecting the role and input of the client, community members and staff in decision-making, which directly affects them, acts to develop relationships which are valued by all and which encourages access to services.

4. Operate efficiently and effectively

Continuous quality improvement is the responsibility of management and staff and ideally will incorporate clients, community and staff. Good service delivery begins by acknowledging and respecting difference. Incorporating the on going input by client, community members and staff in the decision-making can guide the effectiveness and the efficiency of the service and determine whether women feel confident in the quality of care provided. Staff position descriptions need to be clearly defined and available on request, and client requests and queries need to be clearly documented so that staff can assist quickly and responsively.

5. Working towards best practice standards

Best practice principles underpin the quality management within each service and encourage a service delivery system that actively engages input from all clients and community members, as well as all staff. The standards and guidelines developed from these principles of practice give a structured approach to the management of quality service provision by giving clear statements of expected performance as well as being an audit tool to identify gaps or opportunities for improvement.

Identifying Gaps in Service Provision

<p>Standard 6 Respect the privacy/confidentiality of clients.</p> <p>Principles 3, 4 Be courteous and respectful to all clients, community and staff</p>	<p>Standard 7 Develop & implement policies & procedures.</p> <p>Principles 1, 2, 4, 5 Respond promptly to & encourage participation of clients, community members & staff needs in service design & delivery to ensure service operates efficiently & effectively.</p>	<p>Standard 8 Equity, efficiency, cost-effectiveness.</p> <p>Principles 1, 2, 3, 4 Respond promptly & encourage participation in a courteous & respectful manner to clients, community members and staff needs in service design and delivery to ensure service operates efficiently and effectively.</p>	<p>Standard 9 Liaise with clients & community members according to community protocols.</p> <p>Principles 1, 2, 3, 4 Respond promptly & encourage participation in a courteous & respectful manner to clients, community members and staff needs in service design and delivery to ensure service operates efficiently and effectively.</p>	<p>Standard 10 Ensure safe practice including duty of care.</p> <p>Principles 1, 2, 3, 4 Respond promptly & encourage participation in a courteous & respectful manner to clients, community members and staff needs in service design and delivery to ensure service operates efficiently and effectively.</p>
<p>Standard 6 Respect the privacy/confidentiality of clients.</p> <p>Principles 3, 4 Be courteous and respectful to all clients, community and staff</p>	<p>Standard 7 Develop & implement policies & procedures.</p> <p>Principles 1, 2, 4, 5 Respond promptly to & encourage participation of clients, community members & staff needs in service design & delivery to ensure service operates efficiently & effectively.</p>	<p>Standard 8 Equity, efficiency, cost-effectiveness.</p> <p>Principles 1, 2, 3, 4 Respond promptly & encourage participation in a courteous & respectful manner to clients, community members and staff needs in service design and delivery to ensure service operates efficiently and effectively.</p>	<p>Standard 9 Liaise with clients & community members according to community protocols.</p> <p>Principles 1, 2, 3, 4 Respond promptly & encourage participation in a courteous & respectful manner to clients, community members and staff needs in service design and delivery to ensure service operates efficiently and effectively.</p>	<p>Standard 10 Ensure safe practice including duty of care.</p> <p>Principles 1, 2, 3, 4 Respond promptly & encourage participation in a courteous & respectful manner to clients, community members and staff needs in service design and delivery to ensure service operates efficiently and effectively.</p>

Identifying Gaps in Service Delivery

<p>Standard 1 Make decisions collaboratively</p> <p>Principles 1, 2, 3, 4, 5 Responding promptly & encouraging participation in a courteous & respectful manner to clients, community members & staff in service design & delivery, works to ensure that the service operates efficiently & effectively & works towards best practice standards.</p>	<p>Standard 2 Respect & acknowledge diversity & difference.</p> <p>Principles 1, 2, 4, 5 Responding promptly & encouraging participation of clients, community members & staff needs in service design & delivery, works to ensure that the service operates efficiently & effectively.</p>	<p>Standard 3 Share experiences, knowledge & skills.</p> <p>Principles 1, 2, 3 Responding promptly to client and staff needs in a courteous & respectful manner & encouraging participation of clients, community members & staff in service design & delivery, works to ensure that the service operates efficiently & effectively.</p>	<p>Standard 4 Responsive to clients, community members & staff.</p> <p>Principles 1, 2, 3, 4 Responding promptly & encouraging participation in a courteous & respectful manner to clients, community members & staff needs in service design & delivery, works to ensure that the service operates efficiently & effectively.</p>	<p>Standard 5 Effective communication, responding to enquiries.</p> <p>Principles 1, 2, 4 Responding promptly to client & staff needs in a courteous & respectful manner, works to ensure that the service operates efficiently & effectively.</p>
<p>Standard 1 Make decisions collaboratively</p> <p>Principles 1, 2, 3, 4, 5 Responding promptly & encouraging participation in a courteous & respectful manner to clients, community members & staff in service design & delivery, works to ensure that the service operates efficiently & effectively & works towards best practice standards.</p>	<p>Standard 2 Respect & acknowledge diversity & difference.</p> <p>Principles 1, 2, 4, 5 Responding promptly & encouraging participation of clients, community members & staff needs in service design & delivery, works to ensure that the service operates efficiently & effectively.</p>	<p>Standard 3 Share experiences, knowledge & skills.</p> <p>Principles 1, 2, 3 Responding promptly to client and staff needs in a courteous & respectful manner & encouraging participation of clients, community members & staff in service design & delivery, works to ensure that the service operates efficiently & effectively.</p>	<p>Standard 4 Responsive to clients, community members & staff.</p> <p>Principles 1, 2, 3, 4 Responding promptly & encouraging participation in a courteous & respectful manner to clients, community members & staff needs in service design & delivery, works to ensure that the service operates efficiently & effectively.</p>	<p>Standard 5 Effective communication, responding to enquiries.</p> <p>Principles 1, 2, 4 Responding promptly to client & staff needs in a courteous & respectful manner, works to ensure that the service operates efficiently & effectively.</p>

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Five Key Principles of Practice

1. Respond promptly to clients, community members and staff needs.

A client-focused service is one that:

- has systems in place to monitor its practice;
- communicates effectively with its client group;
- responds promptly to the client group's on going needs; and
- ensures that it can provide quality, equitable and effective access to services that feel culturally safe to clients.

2. Include clients, community members and staff in any initiative that involves them and encourage on going participation of clients, community members and staff in service design, implementation, delivery, maintenance and evaluation

Collaborative decision-making:

- encourages and supports diversity and two-way partnerships;
- allows clients, community members and staff to share knowledge, skills and experiences;
- assists to build social capital and the provision of on going quality and equitable and effective access to appropriate services;
- includes collaboration in the design, implementation, delivery, maintenance and evaluation of the service; and
- assists in the identification of key people who can assist with on going development, delivery, maintenance, monitoring and evaluation of practices.

3. Be courteous and respectful to all clients, community members and staff

Relationships are developed which are valued by all and which encourage access to services when:

- the role and input of the client, community members and staff in decision-making is acknowledged and respected;
- staff are aware of and respect differences between people, including respecting differences of other staff who work within the service and clients and community members who access the service; and
- staff are competent in their roles, and training and education is provided to achieve this.

4. Operate efficiently and effectively

Continuous quality improvement is the responsibility of management and staff and will:

- involve clients, community and staff;
- assure good service delivery by acknowledging and respecting difference;
- incorporate on going input by clients, community members and staff in decision-making;
- guide the effectiveness and efficiency of the service; and
- determine whether women feel confident in the quality of care provided.

5. Working towards best practice standards

Best practice principles underpin quality management and encourage a service delivery system that:

- actively seeks input from all clients, community members and staff;
- gives a structured approach to the management of quality service provision;
- gives clear statements of expected performance; and
- provides an audit tool to identify gaps and opportunities for improvement.

Audit Tool B

Identifying Gaps in Service Delivery

Standard 1 Make decisions collaboratively	Standard 2 Respect & acknowledge diversity & difference.	Standard 3 Share experiences, knowledge & skills.	Standard 4 Responsive to clients, community members & staff.	Standard 5 Effective communication, responding to enquiries.
<p>Principles 1, 2, 3, 4, 5 Responding promptly & encouraging participation in a courteous & respectful manner to clients, community members & staff in service design & delivery, works to ensure that the service operates efficiently & effectively & works towards best practice standards.</p> <p>1. Service has Indigenous employee/s? Yes/No Action _____</p> <p>2. Indigenous way of working is supported & other staff can accept this difference? Yes/No Action _____</p> <p>3. On going liaison & input from local IHWs, ILOs, AMSs, alternative screening services? Yes/No Action _____</p> <p>4. Appropriate advisory, reference or steering committee in place? Yes/No Action _____</p> <p>5. Feedback encouraged to guide service provision? Yes/No Action _____</p> <p>6. On going feedback for service development & provision? Yes/No Action _____</p> <p>7. Have clients/community members, staff been involved in service design, delivery, feedback, monitoring, maintenance & evaluation since the beginning and at every stage of service development and delivery? Yes/No Action _____</p>	<p>Principles 1, 2, 4, 5 Responding promptly & encouraging participation of clients, community members & staff needs in service design & delivery, works to ensure that the service operates efficiently & effectively.</p> <p>1. Staff seek advice about cultural safety, opportunistic screening, "women's/men's business" & health promoting strategies & resources? Yes/No Action _____</p> <p>2. Knowledge of & respect by staff for culture & difference? Yes/No Action _____</p> <p>3. Sharing of experiences, education, training, skills, & traditional, cultural knowledge? Yes/No Action _____</p> <p>4. Staff understand, have respect of cultural appropriateness in the environment & in service provision? Yes/No Action _____</p> <p>5. Staff understand, accept cultural, linguistic, social, spiritual, economic, environmental infrastructures, which could prevent access to service provision? Yes/No Action _____</p>	<p>Principles 1, 2, 3 Responding promptly to client and staff needs in a courteous & respectful manner & encouraging participation of clients, community members & staff in service design & delivery, works to ensure that the service operates efficiently & effectively.</p> <p>1. Staff encouraged & supported in obtaining education, training, knowledge, skills & experience? Yes/No Action _____</p> <p>2. Service encourages, allows for cultural diversity, cultural exchange? Yes/No Action _____</p> <p>3. Service has a recall system for Pap smear & health check appointments to ensure follow-up? Yes/No Action _____</p> <p>4. Recall done verbally, in writing, in person or by all three &/or are there other systems in place? Yes/No Action _____</p> <p>5. Do you liaise with the IHWs or ILOs? Yes/No Action _____</p>	<p>Principles 1, 2, 3, 4 Responding promptly & encouraging participation in a courteous & respectful manner to clients, community members & staff needs in service design & delivery, works to ensure that the service operates efficiently & effectively.</p> <p>1. Service can offer outreach &/or transport to/from the service when necessary? Yes/No Action _____</p> <p>2. Flexibility for client access to treatment, follow-up care & appointments? Yes/No Action _____</p> <p>3. Clients encouraged to be accompanied by other people or family members when accessing service for appointments? Yes/No Action _____</p> <p>4. Mechanisms in place to allow all clients to give feedback to guide your service & they feel safe in doing so? Yes/No Action _____</p>	<p>Principles 1, 2, 4 Responding promptly to client & staff needs in a courteous & respectful manner, works to ensure that the service operates efficiently & effectively.</p> <p>1. Staff has knowledge & understanding of the Indigenous concept of time? Yes/No Action _____</p> <p>2. Staff flexible when responding to enquiries from all clients? Yes/No Action _____</p> <p>3. Provision for staff members to revise timeframes to suit client needs & this can be done in partnership with the client? Yes/No Action _____</p> <p>4. If timeframe cannot be met, staff is able to acknowledge this & include an appropriate apology in the response? Yes/No Action _____</p>



Identifying Gaps in Service Provision

Standard 6 Respect the privacy/confidentiality of clients.	Standard 7 Develop & implement policies & procedures.	Standard 8 Equity, efficiency, cost-effectiveness.	Standard 9 Liaise with clients & community members according to community protocols.	Standard 10 Ensure safe practice including duty of care.
<p>Principles 3, 4 Be courteous and respectful to all clients, community and staff</p> <p>1. Staff acknowledge & respect client confidentiality? Yes/No Action _____</p> <p>2. Staff know protocols for the local community &/or staff liaise with the local IHWs & ILOs about this? Yes/No Action _____</p> <p>3. Staff ensure discussions about sensitive or confidential information occur only in confidential settings. Yes/No Action _____</p> <p>4. Paper/electronic files secured eg not left in reception areas? Yes ___ No ___ Action _____</p> <p>5. Staff obtain appropriate authority from clients prior to referring clients to other service provider/s? Yes/No Action _____</p>	<p>Principles 1, 2, 4, 5 Respond promptly to & encourage participation of clients, community members & staff needs in service design & delivery to ensure service operates efficiently & effectively.</p> <p>1. Position descriptions and organisational charts easily accessible, displayed in a prominent place, updated regularly and changes made in a timely manner? Yes/No Action _____</p> <p>2. Staff up-to-date with current policies, procedures, practices? Yes/No Action _____</p> <p>3. Clients, community and staff understand policies, procedures & consumer information? Yes/No Action _____</p> <p>4. Staff use plain language, clear communication, & speak in a friendly manner when referring to policies & procedures? Yes/No Action _____</p> <p>5. Research in participation with clients, community members & feedback given in timely manner? Yes/No Action _____</p>	<p>Principles 1, 2, 3, 4 Respond promptly & encourage participation in a courteous & respectful manner to clients, community members and staff needs in service design and delivery to ensure service operates efficiently and effectively.</p> <p>1. Staff respect the roles of team members in dealing with clients & decision-makers? Yes/No Action _____</p> <p>2. Service supports and provides opportunities for developing staff skills and participation in education & training? Yes/No Action _____</p> <p>3. Staff allocate time & have processes to raise & discuss service & organisational issues & to deal with them? Yes/No Action _____</p> <p>4. Service has clear guidelines for staff to follow which reflect efficient use of financial, material & human assets? Yes/No Action _____</p> <p>5. Staff encouraged to undertake continuing quality assessments, reflecting service's goals/objectives & uses feedback from internal & external clients? Yes/No Action _____</p>	<p>Principles 1, 2, 3, 4 Respond promptly & encourage participation in a courteous & respectful manner to clients, community members and staff needs in service design and delivery to ensure service operates efficiently and effectively.</p> <p>1. Staff know the protocols of the local Indigenous community? Yes/No Action _____</p> <p>2. Staff know who to liaise with in the local Indigenous community to learn & understand protocols? Yes/No Action _____</p>	<p>Principles 1, 2, 3, 4 Respond promptly & encourage participation in a courteous & respectful manner to clients, community members and staff needs in service design and delivery to ensure service operates efficiently and effectively.</p> <p>1. Staff offered education & training to assist with their professional development? Yes/No Action _____</p> <p>2. Staff know service delivery options about treatment & follow-up? Yes/No Action _____</p> <p>3. Staff acknowledge & respect confidentiality of clients, community & all staff? Yes/No Action _____</p> <p>4. Staff aware of organisation's values? Yes/No Action _____</p> <p>5. Service provides all options for treatment and follow-up care to assist clients to access safe, non-threatening care environments? Yes/No Action _____</p> <p>6. Communication documented when appropriate? Yes/No Action _____</p>