Karabena Consulting

Karabena Consulting:
Review of the Ngunnawal Bush Healing Farm Healing Framework and ACT Treaty Living Web

For the Information of: The NBHF Management Committee
Prepared by: Kerry Arabena

Recommendation:
The NBHF Board of Management accept and progress the implementation of The Healing Framework developed by The Healing Foundation and consult with the United Ngunnawal Elders Council to develop an appropriate and trauma informed monitoring and evaluation framework to measure the impact and achievements of such an approach in addressing historic and intergenerational trauma.

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Glossary of Terms

ACT	Australian Capital Territory
COAG	Council of Australian Governments
NBHF	Ngunnawal Bush Healing Farm
UNEC	United Ngunnawal Elders Council

Purpose of this Report

To test the synergies between UNEC's work on the ACT Treaty and the ACT Treaty Living Web, and the Healing Framework to be implemented at the NBHF.

NBHF Healing Framework

Strong cultural identity can protect individuals, families, and communities from the harmful effects of racism and lateral violence. The ACT Government contracted The Healing Foundation who developed a Healing Framework focused on providing a complementary culturally focused program to enable service users with a strong cultural identity, self-confidence, strength, and vitality. The Framework is evidence informed and specifically seeks to address historical trauma while promoting cultural determinants of health and wellbeing.

Co-designed with Ngunnawal Elders and in response to the needs and expectations of key stakeholders including the end users of NBHF programs, the Healing Framework has been developed to complement, rather than co-opt or replace existing models of care. Drawing on the Ngunnawal 'Living Web', the framework is one in which different elements of the Living web would be activated in ways that would engage different elements of the service delivery network into a person-centred healing strategy, recognising different people would have different healing needs.

The relevance of the NBHF Healing Framework is that has broader application to the NBHF. As stated in the Healing Framework, there are other agencies that could apply elements of this framework including community services, child and family services, general practitioners and justice agencies for example – all institutions are critical in supporting individual and family healing journeys, particularly for those who have a role to play in pre and post recovery services for individuals with family, and extended family who have experienced and internalised harms from historical trauma. The relevance of the healing framework is that it has the potential to play an important role in the experience of healing and promotes responsible referrals prior to and upon departure from the NBHF.

In addition to the work on developing the model for promoting healing for people engaged with the NBHF, the United Ngunnawal Elders Council (UNEC) have also led the consultation on establishing Treaty for Ngunnawal people in the ACT. The Ngunnawal face socio-economic and other challenges quantified as inequality gaps (relative to the non-indigenous) since the 2008 establishment of the Closing the Gap framework. While Ngunnawal-specific data is unavailable, the Ngunnawal report their situation to be much the same as that of other First Nations. In other words, and among other gaps, there is a:

- Housing gap - First Nations' people are up to ten times more likely to live in social housing, have houses that need repairs and maintenance, and/or need access to specialist homelessness services
- Health gap - There is a well-documented roughly ten-year life expectancy gap with the non-Indigenous with high rates of chronic disease, mental health challenges and prevalence of trauma
- Inter-generational wealth gap - Nowhere across the Australian population do First Nations' people have relatively equal socio-economic status compared with the non-Indigenous population.
- Institutional representation gap - As above, the Ngunnawal were part of the Stolen Generations with attendant intergenerational trauma contributing to their wider over representation in child protection, justice and juvenile justice systems.

Despite these challenges, the Ngunnawal have survived, maintained their political, social and cultural identities and have aspirations for a thriving future.

Key to this forward-facing attitude is the establishment of the United Ngunnawal Elders Council (UNEC). Initially formed to facilitate Ngunnawal participation in a broader Indigenous Working Group in the ACT trial site Council of Australian Government's (COAG) initiative, UNEC advised on the provision of programs and services to First Nations' communities based on priorities agreed with them. A primary achievement during the time of the COAG Trial site was the establishment of the Ngunnawal Bush Healing Farm, a rehabilitation centre for Aboriginal and Torres Strait Islander young people with challenged by alcohol or other drug dependence. As a part of this process, the Ngunnawal Living Web framework was developed that guides UNEC to this day and is central to the development and delivery of programs at the NBHF.

In 2018, after years of Ngunnawal advocacy, the ACT Government began talks to progress a Ngunnawal Territory Treaty (Treaty) in the ACT supported by the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 which commits the ACT Government to supporting Aboriginal and Torres Strait Islander self-determination more broadly - an 'ongoing process of choice to ensure that Aboriginal and Torres Strait Islander communities can meet their social, cultural and economic needs.

In March 2022, the ACT Government also established a $20 million Healing and Reconciliation Fund to facilitate healing and self-determination and through which it prioritised support for a Treaty process. At the same time, it announced that, after a 20-year-long relationship with the UNEC and the Ngunnawal Elders, Karabena Consulting and Kerry Arabena had been appointed to facilitate preliminary ACT Treaty talks - called the Healing Project.

ACT Treaty Processes

UNEC's preferred ACT Government Treaty process including to realise Ngunnawal aspirations and provide a context for the ACT Government's achievement of its commitments. This is a process that:

- Is reliant upon ACT Government bipartisan commitment and community support
- Requires the ACT Office of the Chief Minister to establish a 'Treaty Unit' to negotiate with UNEC
- Prioritises Ngunnawal culture and culturally safe and trauma-informed methodologies
- Seeks to acknowledge, right the wrongs of, and heal the past and ongoing impacts of colonisation. These include challenges to social connection and belonging that can profoundly impact Ngunnawal health and wellbeing, and
- Therefore, includes a restorative justice reparations package that supports inclusive, prosperous, nurturing Ngunnawal families and community.

UNEC Aspirations: Intergenerational Opportunity

UNECs aspirations for their families and community through ACT Treaty processes, with reference to the Living Web Framework, articulates how Ngunnawal Elders see the passing of intergenerational opportunity, instead of intergenerational trauma, to their children and grandchildren. It includes aspirations for their:

- Families' and community's housing security and home ownership
- Children's and grandchildren's education
- Families' and community's employment and prosperity including by the development of Ngunnawal businesses by innovative financing and investment models
- Present and future Elders' wellbeing and aged care
- Culture and language, and
- Securing recognition of their native title, and for legal personhood status being given to places of significance.

This aligns with the Healing Framework's approach to addressing intergenerational trauma and working with NBHF residents with a series of aspirations to work toward over time.

Review of the Principles

There are strong similarities between the NBHF and the Ngunnawal ACT Treaty principles, which enables work to be done through NBHF programs with strong alignment to Ngunnawal aspirations for their families and for Aboriginal and Torres Strait Islander people living on their country.

Ngunnawal Bush Healing Farm Principles	ACT Ngunnawal Treaty Principles
RECONNECTING Connections to culture, family, community, and Country are built into all approaches across the promotion, early prevention, early intervention, treatment, and recovery continuum. **EMPATHY** Empathy is the ability to see events from other viewpoints and to feel what others are feeling. Empathy promotes trust, high commitment, and cooperation. **TRUST** Trust in the service and the employees with whom the patient comes into contact. It is confidence in the integrity of the service provided.	**Culture is central** to Ngunnawal life and wellbeing. Cultural differences and ways of knowing, doing and being must be respected and supported by the Treaty process. **Cultural and other safety** - related to the above, all Treaty processes and interactions around Treaty must be culturally appropriate, culturally safe and trauma informed as determined by the Ngunnawal people. **Inclusivity-** Ngunnawal people have different lived experiences of culture, cultural connectivity, and the cultural determinants of their health and wellbeing. They include different ages, genders, sexuality, ability and other identities. All these diverse groups should be included in Treaty negotiations.

CARE Individually tailored care is co-designed with people, families, and employees. There is a coordination and continuity of care. **SAFETY** Maintaining cultural safety includes embedding cultural perspectives into practice and services, and respecting the rights, views and expectations of people and families. **ENGAGEMENT** Engagement is an ongoing process that builds trust and relationships and is seen as a collaboration between groups of people working towards shared agendas. **PEACEFUL** A peaceful, healing environment can bring comfort, help people cope, increase staff efficiency and increase morale.	**Self-determination** - Indigenous peoples' primary collective right. In this context, it means the transfer of government decision-making power to the Ngunnawal people to determine all aspects of their lives including, but not limited to, housing, health, and opportunity creation. Further, the Ngunnawal should be supported to work at their own pace otherwise give their free, prior and informed consent to government initiatives that impact upon them. **Co-design and co-implementation** - the 'self-determination in action' methodology for Treaty and resultant policy, program and service design. **Restorative justice** - Treaty negotiations must acknowledge that many of the contemporary challenges that face the Ngunnawal have their origins in traumatic events of colonisation. This includes intergenerational poverty and trauma. To provide justice in this context, reparations must feature in a Treaty process. These should support better housing, health, and wealth creating opportunities. **Empowerment.** This includes the inter-related elements of individual and collective empowerment.

The Living Web and Treaty

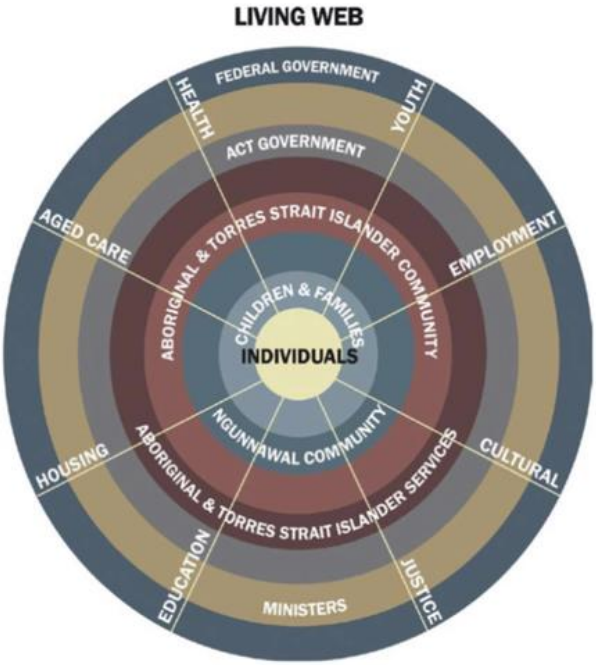
As discussed in the Introduction, UNEC, supported by Kerry Arabena, developed its Living Web Framework in 2008 to establish the parameters of a regionalised system of interconnected government services that supported Ngunnawal social, economic, cultural, political and other forms of wellbeing and to underpin the Ngunnawal Bush Healing Farm model of care.

The framework is today recognisable as a Complex Adaptive Systems framework - relying on the interaction of its elements to achieve outcomes rather than being narrowly programmatic. In other words, the whole is greater than the sum of the parts. The original Living Web, presented diagrammatically below, advocated for:

1. Respecting Ngunnawal strengths, values and cultures
2. Building on the above in development opportunities
3. Development and education that supports Ngunnawal self-determination
4. Promoting optimal health and wellbeing for Ngunnawal families and community
5. Acknowledging intra-Ngunnawal diversity
6. Use of evidence-based policy and practice, and
7. Securing social justice and respect for human rights.

It connected Ngunnawal wellbeing to eight domains of program and service delivery touching on: 1. Housing; 2. Education; 3. Justice; 4. Culture; 5. Employment; 6. Youth; 7. Health; and 8. Aged Care with implications for all levels of government. The Living Web is a living document. As part of the process which this report summarises, the original web was expanded to include support for Ngunnawal:

- home ownership
- businesses
- innovative financial packages, investments to support the above, and
- native title and for legal personhood status given to places of significance.



Family plans

In an ACT context, a Treaty may be designed around multi-generational family plans for the six broad lineages of Ngunnawal within the ACT. By this approach, a Treaty would be an amalgam of such plans, as agreed to by Elders on UNEC. Whatever the form of the final Treaty looks, with the Living Web as a guide, the negotiation of Treaty and reparations should be leveraged to support the following:

The Vision includes a new mindset that no matter where Ngunnawal people and families are on their housing journey, their ultimate trajectory is towards home ownership.

Ngunnawal Elders are critical to the health and wellbeing of the Ngunnawal community in the ACT. The Treaty process could leverage supporting their health and wellbeing, with culturally safe and culturally responsive health care, and free transport and support services as they age. Securing home-based aged care packages including carer supports, and Ngunnawal specific residential care options are seen as a significant opportunity in Treaty negotiations.

Ngunnawal language promotion and cultural tours and institutions - dedicated visitor centres, museums, galleries and archives - could be supported through the Treaty process. In addition to strengthening culture, such will also be likely sources of employment for Ngunnawal people. In addition to capital works, financial support to ensure young people can experience culture with Elders and adults should also be considered. This could include by combining Elder aged care and childcare programs. Further cultural revival activities around language, ceremony and so on could be supported.

Leveraging NBHF Assets

In addition to supporting any Ngunnawal native title claims and land rights, the ACT Treaty Vision includes leveraging the potential of the Ngunnawal Bush Healing Farm's land assets. By this, development opportunities – growing crops, harvesting solar power, accessing the Tea Tree plantation, and so on – could be used to financially support Ngunnawal housing, health, and other projects to generate individual, family, and collective wealth.

Activating Traditional Owner Status

Ngunnawal families are very happy with recent moves by the ACT Government to recognise traditional lands, water ways and entry points to Ngunnawal country by using Ngunnawal language for place names. In addition, on the 30th anniversary for the Mabo decision, over 300 Ngunnawal families put in a Native title application over the whole of

the ACT and some areas of NSW. To further progress the recognition of Traditional Owner status, the following were considered by the Ngunnawal Elders:

- A protocol whereby incoming ACT Legislative Assembly members are asked how they will use their power to support the Ngunnawal as ACT Traditional Owners
- UNEC to have the opportunity to ask questions in the ACT Legislative Assembly during question time and in other public accountability processes involving ACT Government.
- All ACT Government contracts to include a Ngunnawal specific clause detailing how the contractor will support and advance the interests of Ngunnawal people.
- For Ngunnawal to be involved in welcoming new citizens to their lands in ACT based citizenship ceremonies
- Ngunnawal language taught in schools
- All ACT Government directories and publications acknowledge the Ngunnawal People has the Traditional Owners of the ACT.
- For Ngunnawal people to have two 'observer' seats in ACT Parliamentary processes
- That ACT Parliament be opened every year in in Ngunnawal language.

Because of these aspirations, the NBHF actions that focus on culture and recognition of Traditional Owner and Elder status are welcomed, particularly those that focus on Ngunnawal people's being recognised as the owners of cultural and intellectual property, that elders and cultural knowledge plays a central role in the healing journey and that people's capacity to connect to all manifestations of culture (language, knowledge, kinship relationships, stories) are supported and resourced through NBHF programs.

Additional actions include the NBHF establish formal processes that recognise and remunerate Elder's participation in consultations and that Elders inform how to strengthen people's connection to the community, that language and other programs be made available. All staff at the NBHF, including Indigenous and non-Indigenous staff are actively encouraged to participate in culturally specific events and are provided resources to facilitate cultural safety.

Cultural Competency and Cultural Safety Audit

Karabena Consulting has developed a cultural competency and cultural safety audit tool to review health and wellbeing agency's institutional policy and programming. This checklist is designed for those agencies delivering services to Aboriginal and Torres Strait Islander communities in health and therapeutic settings. There are two purposes to this checklist:

(a) To provide KCT with an auditing tool for cultural responsiveness (including cultural safety)
(b) To provide a framework to review the ACT Ngunnawal Bush Healing Farm

The sources used in the development of this audit tool is a mix of state and national policy statements and frameworks meant to facilitate culturally safe programs, and to ensure high levels of acceptability among First Nations people in the co-design, development and delivery and evaluation of health programs. We specifically reference:

- IAHA Cultural Responsiveness Capability Framework
- Cultural Safety on Health Care for Indigenous Australians: Monitoring Framework (Module Two)
- Aboriginal and Torres Strait Islander Cultural Safety Framework
- Community Housing: Aboriginal Cultural Safety Framework
- State based Aboriginal Cultural Safety Frameworks
- Traumatology Talks- Black Wounds, White Stitches
- Messages for Good Practice: Aboriginal Hospital Liaison Officers and Hospital Social Workers
- United Nations Declarations on the Rights of Indigenous Peoples
- Gayaa Dhuwi (Proud Spirit) Declaration
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing

The methodology for using this checklist has included a review of the policy and program foci, and to review the nominated actions, in order to develop a clear understanding whether the proposed Framework will facilitate cultural safety and cultural responsiveness, so that culture can be a protective factor and that people engage with and use culture to enhance their confidence and health and wellbeing outcomes.

CULTURAL RESPONSIVENESS CHECKLIST *(Towards NBHF Healing Framework)* **PART 1: INSTITUTIONAL FOCUS**	
1. Commits institution to Aboriginal and Torres Strait Islander patient health equality, rights, self-determination, reconciliation, non-discrimination, and anti-racism in all its forms	
(a) Implements a co-designed Aboriginal and Torres Strait Islander institutional culture and patient-centred care strategy.	YES
(b) Implements, maintains and promotes a RAP	
(c) Is, at a minimum, aligned with, or aiming to align with, service standards and policy frameworks including *The Aboriginal and Torres Strait Islander Cultural Respect Framework 2016*–2026 and Australian Institute of Health and Welfare's *Cultural safety in health care for Indigenous Australians: monitoring framework*	YES
(d) Commits to valuing Aboriginal and Torres Strait Islander cultures/ protects Aboriginal and Torres Strait Islander intellectual property/ knowledge	YES
(e) Reflexivity - Commits to being institutionally self-reflective and non-judgmental on both non-Indigenous cultural and health practices (SEWB) and Aboriginal and Torres Strait Islander cultural and health practices	YES
(f) Commits to patient rights and equity re: Aboriginal and Torres Strait Islander people and intersectionality (i.e., men, women, disability, aged, LGBTIQ+ SB, Stolen Generations, etc.). Addresses discrimination in these areas.	YES
(g) Ensures Aboriginal and Torres Strait Islander user groups are appropriately represented in, or among, governance bodies and processes to support the above.	YES
(h) Implements a co-designed cultural safety policy in the above governance bodies and processes.	
(i) Provides remuneration for attendance in the above governance bodies and processes whenever appropriate.	YES
(j) Enacts a protocol to ensure the above can maximally contribute to improving patient access, cultural safety, trauma informed care, treatment, aftercare and outcomes.	YES
(k) Implements a protocol for co-designed research and projects involving Aboriginal and Torres Strait Islander people	
(l) Embeds institution in a network of partnerships with Aboriginal and Torres Strait Islander organisations including ACCHSs	
(m) Commits to spend 1–3 per cent of their entire budgets on local and otherwise for-profit Indigenous businesses through the national Indigenous Procurement Policy	
(n) Leads advocacy within the wider system - shares best practice and innovation for system wide improvements to Aboriginal and Torres Strait Islander patient-centred care.	
2. Implements a co-designed Aboriginal and Torres Strait Islander recruitment, employment and retention policy with a focus on employee cultural safety	
(a) Anti-discrimination policy co-designed with Aboriginal and Torres Strait Islander staff / promoted to all staff	YES
(b) Employs a user-representative Aboriginal and Torres Strait Islander workforce including by use of targets.	YES
(c) Proactively supports (including by training) Aboriginal and Torres Strait Islander staff to increase responsibilities, skill levels and leadership skills	YES
(d) Identifies positions for suitably qualified Aboriginal and Torres Strait Islander people, particularly those that touch on Aboriginal and Torres Strait Islander service users.	YES
(e) Employs Aboriginal and Torres Strait Islander people in middle and executive leadership roles including, but not limited to, the above.	
(f) Enacts a protocol to ensure Aboriginal and Torres Strait Islander employees can individually and collectively contribute to improving their employment experience.	
(g) Implements a co-designed policy to accommodates Aboriginal and Torres Strait Islander employees' cultural loads/ community responsibilities/ additional workload demands.	
(h) Implements a co-designed policy to support Aboriginal and Torres Strait Islander employees' cultural safety, social and emotional wellbeing and mental health	
(i) Enacts a protocol to ensure a culturally safe, transparent Aboriginal and Torres Strait Islander employee complaints and dispute handling process. Whistle-blower protections.	

(j) Proactive monitoring of Aboriginal and Torres Strait Islander employee wellbeing.	
Focus on non-Indigenous staff	
(k) Non-Indigenous staff commitment to relational ways of working together with Aboriginal and Torres Strait Islander colleagues	YES
(l) Proactively supports non-Indigenous staff to reflect on their work with Aboriginal and Torres Strait Islander colleagues	YES
(m) Facilitates non- Indigenous staff learning about Aboriginal and Torres Strait Islander staff experiences of the workplace and understanding of the unique challenges that can face Aboriginal and Torres Strait Islander staff, to improve the latter's employment experience.	YES
PART 2: ABORIGINAL AND TORRES STRAIT ISLANDER PATIENT-CENTRED CARE	
3. ACCESS: Ensures and sustains a service that is welcoming and accessible to Aboriginal and Torres Strait Islander communities, user groups and population groups (intersectionality) according to need	
(a) Proactively promotes itself to the above in co-designed culturally/otherwise appropriate ways, in language as required	YES
(b) Provides or facilitates (and, if required, covers the cost of) safe patient/ family and carer transport to and from service (including for recall)	YES
(c) Provides or facilitates (and, if required, covers the cost of) safe patient/ family and carer accommodation (including for recall)	YES
(d) Flexible appointment procedures	YES
(e) Large enough rooms on-site for family members and kin of patients	YES
(f) Large enough rooms for staff to meet with family members and kin of patients involved in diagnosis, treatment and healing-related discussions	YES
(g) Supports community place-based service delivery/ co-located staff including through partnerships with Aboriginal and Torres Strait Islander providers	YES
(h) Monitors usage by Aboriginal and Torres Strait Islander communities, user groups and population groups (intersectionality) and addresses low service access and use as required.	YES
4. CULTURAL SAFETY: Ensures and sustains a welcoming, culturally safe environment for Aboriginal and Torres Strait Islander patients	
(a) Commits to co-design its service environment/ staff training and Aboriginal and Torres Strait Islander service user protocols including to address patient mistrust of the service and services in general	YES
(b) As part of the above, commits to cultural safety in emergency care spaces (i.e., flags, posters, pictures of ALOs/ AHLOs and Acknowledgement plaques)	YES
(c) Employs ALOs/ AHLOs to meet need	YES
(d) Employs 'in house Elders' (Western Australian Mental Health Commission model)	YES
(e) Trains and supports ALOs/ AHLOs to best support Aboriginal and Torres Strait Islander patients	YES
(f) ALOs/ AHLOs connected to wide range of social supports - social workers, housing, ACCHSs, etc to meet patient needs holistically (also relevant to aftercare)	YES
(g) 24/7 presence of ALOs/AHLOs	N/A
(h) Visible presence Aboriginal and Torres Strait Islander staff at all levels of the organisation.	YES
(i) Proactively seeks to identify Aboriginal and Torres Strait Islander outpatients/ patients/ ED presentations.	YES
(j) Proactively connects Aboriginal and Torres Strait Islander patients to Aboriginal and Torres Strait Islander staff to identify and meet patient's needs	YES
(k) Comprehension and prioritisation of Aboriginal and Torres Strait Islander patient's/ patient's needs	YES
(l) Gendered staff options for Aboriginal and Torres Strait Islander patients.	
5. TRAUMA INFORMED - A trauma aware and informed patient experience particularly in emergency care	
(a) Acknowledges and trains staff in institutions past roles in collective and individual traumatisation - has apologised if needs to	YES
(b) Acknowledges and trains staff in local history that may have contributed to traumatisation in general and specific patterns of traumatisation in communities, families and individuals - i.e., role of specific institutions in Stolen Generations leading to different traumatisation patterns.	YES

(c) Comprehensive of the above, facilitates the co-design of healing environments/ staff training Aboriginal and Torres Strait Islander user protocols for culturally safe and trauma informed care.	YES
(d) Hospital security and general staff protocols to de-escalate distress and heightened behaviours including that triggered by the emergency care environment, intoxication-related behaviours, verbally abusive and potentially violent behaviours - option to move Aboriginal and Torres Strait Islander patients to healing and calming spaces, access to cultural healers	YES
(e) Trauma informed mental health care interventions, co-designed 'safe haven' options	YES
(f) Triage process is effectively communicated to Aboriginal and Torres Strait Islander attendees, access to translators	YES
(g) 24/7 presence of AHLOs/ Aboriginal and Torres Strait Islander staff in emergency care or otherwise as required.	N/A
(h) Rapid triage screening (small consultation teams?) to divert Aboriginal and Torres Strait Islander people at non-urgent triage level 4 and 5 to other treatment options	NOT KNOWN
(i) Provides or facilitates outreach / partnerships with ACCHS to provide non-urgent triage level 4 and 5 care	NOT KNOWN
(j) Social Emergency Care interventions - family violence, AOD use, health screening, presence of advocates and/or information	YES
6. **TREATMENTS - Provides or facilitates culturally competent and culturally informed treatment options and aftercare**	
(a) Requires and supports staff to become generally culturally competent including by developing co-designed training modules (foundation knowledge)	YES
(b) Requires and supports staff to become locally culturally competent including by developing co-designed training modules	YES
(c) Communication protocols to ensure patients are informed/ in control particularly for complex health issues - no assumption of health literacy - translators for whom English is a second language, understanding the role of silences in some patient interactions/ ensure gendered, cultural communication techniques are always understood and able to be accessed	
(d) Supports and facilitates birth on Country/ palliative care in community settings/ dying on Country.	
(e) Supports and facilitates bringing in soil from country to welcome a newborn, use and respect for cultural totems, traditional medicines, use of music, if requested	
(f) Facilitates an understanding of Aboriginal and Torres Strait Islander patients' family and community networks, Country and potential cultural loads when considering treatment options	YES
(g) Collaborative care - Supports and facilitates family, kin, Elders and/or ACCHS's involvement in understanding patient history, diagnosis, treatment and aftercare. Accommodates family as "next of kin" decision makers	YES
(h) Protocols for securing consent from patients (i.e., for sedation) that is inclusive of family as next of kin decision makers	
(i) Provides and/or facilitates cultural healers/ healing as treatment are/is available within the range of treatment options.	YES
(j) Co-designed rooms/ environments for cultural healing treatments	YES
(k) Develops co-designed healing gardens or safe outside spaces on rehabilitation grounds	YES
(l) Monitors and, as much as possible, investigates Aboriginal and Torres Strait Islander patients leaving the service against medical advice/ before being seen in emergency care	
(m) Monitors and, as much as possible, investigates Aboriginal and Torres Strait Islander patients' non-compliance with treatments	
(n) Ensures (l) and (m) contributes to improving Aboriginal and Torres Strait Islander patient experience	
7. AFTERCARE	
(a) Discharge planning provides and/or facilitates outreach aftercare (ACCHOs/ recall support)	YES
(b) Identifies referral pathways to, and partners with, other culturally responsive services and professionals for seamless transitions.	YES
(c) Engages with aftercare providers and monitors patient outcomes in aftercare and over time.	YES
PART 3: MONITORING & ACCOUNTABILITY	
(a) Ensures culturally safe patient complaints and dispute handling processes.	

(b) Monitors implementation of policy/related policies. Measures include access, cultural safety, trauma informed, treatment, outcomes, discharge against me advice.	
(c) Enacts a protocol to ensure the above contributes to improving Aboriginal and Torres Strait Islander patient experience.	
(d) Is accountable to Aboriginal and Torres Strait Islander user groups for the above.	YES

The areas not 'marked off' in the cultural audit list is because of the emphasis on policies and processes, the implementation of a Reconciliation Action Plan and highlights future work areas of the NBHF overall. Recommendations for future inclusions into a Healing Framework will not change the recommendation from Karabena Consulting to accept the Healing Framework and embed the framework in the Ngunnawal Bush Healing Farm.

Future recommendations

To further the impact of the NBHF Healing Framework:

1. Implement a protocol for co-designed research and projects involving Aboriginal and Torres Strait Islander people.
2. Embed the NBHF in a network of partnerships with government and non-government organisations including ACCHOs. These networks should have capacity to facilitate healing in pre and post recovery work and have the capacity for person centred and family led care.
3. The NBHF commit to spend 1–3 per cent of their entire budgets on local and otherwise for-profit Indigenous businesses through the national Indigenous Procurement Policy. This includes to healers, trainers, coaches, and cultural specialists.
4. The NBHF lead advocacy within the wider system for healing informed recovery. This will facilitate research and evaluation strategies co-designed and co-implemented with Ngunnawal elders, staff and service users and enable the sharing of best practice and innovation for system wide improvements.
5. Employ Aboriginal and Torres Strait Islander people in middle and executive leadership roles.
6. Enact a protocol to ensure Aboriginal and Torres Strait Islander employees can individually and collectively contribute to improving their employment experience.
7. Implement a co-designed policy to accommodates Aboriginal and Torres Strait Islander employees' cultural loads/ community responsibilities/ additional workload demands.
8. Enact a protocol to ensure a culturally safe, transparent Aboriginal and Torres Strait Islander employee complaints and dispute handling process. Whistle-blower protections.
9. Proactive monitoring of Aboriginal and Torres Strait Islander employee wellbeing.
10. Implement communication protocols to ensure patients are informed/ in control particularly for complex health issues - no assumption of health literacy - translators for whom English is a second language, understanding the role of silences in some patient interactions.
11. Ensure gendered, cultural communication techniques are always understood and able to be accessed.
12. Support and facilitate Welcome Baby to Country/ palliative care in community settings/ dying on Country.
13. Support and facilitate bringing in soil from country to welcome a newborn, use and respect for cultural totems, traditional medicines, use of music, if requested.
14. Protocols for securing consent from patients (i.e., for sedation) that is inclusive of family as next of kin decision makers.
15. Monitor and, as much as possible, investigate Aboriginal and Torres Strait Islander patients leaving the service against medical advice.
16. Monitor and, as much as possible, investigate Aboriginal and Torres Strait Islander patients' non-compliance with treatments.

To implement culturally safe monitoring and evaluation strategies in the NBHF, the staff can ensure culturally safe patient complaints and dispute processes are well understood and accessible to people using, or related to someone accessing the service. The NBHF might also consider monitoring the implementation of policies and procedures and put in place measures to record cultural safety, access to services, the impact of trauma informed processes, treatment, and discharge strategies. It would also be useful to enact a protocol to ensure the Healing Framework contributes toward improving Aboriginal and Torres Strait Islander patient experience.