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Cross Cultural Training Programs for NT Health Service Providers 1996-2016

The terms ‘Aboriginal’ and ‘Indigenous’ are used interchangeably in this document to refer to Aboriginal and Torres Strait Islander

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Introduction

The Northern Territory is a place of great cultural diversity. Cross cultural training has been delivered to staff within non-government and government health services in the Northern Territory (NT) for decades. This type of training intends to achieve culturally appropriate and safe health services for Aboriginal Australians. The NT government recognises the importance of a culturally competent public sector and therefore requires (under the Office of Public Employment) that all agencies provide cross cultural training to their employees.

This project aimed to create a database of cross cultural training programs historically and currently available to staff working in health service delivery in the NT. This explanatory report accompanies the database.

The purpose of the database is to create greater awareness of the range and diversity of training programs now available for health and other service providers in the NT. It enables them to choose programs that meet the requisites of their staff and type of service delivery.

The report documents the evolution of "cross cultural training" and related training programs in the NT 1996-2016. While formal evaluation of these programs is rare, the report includes views of current/past staff on the properties that make programs successful and effective in different health service delivery settings.

The project does not seek to reach a definitive conclusion on a perfect model of cross cultural training, but rather initiate conversations within organisations around what changes can be made to existing programs to develop and improve the cultural competency of staff and consequently service delivery.

Aim and Objectives

This project describes the cross-cultural training options available to staff across health services (both government and non-government) in the Northern Territory. The project has:

1. Created a database of cross cultural training programs currently available to staff working in health service delivery in the NT; and
2. Compiled an explanatory report to accompany the database, which documents the evolution of cross-cultural training and related training programs in the NT from 1996-2016. While formal evaluation of these programs is rare, the report includes the views of both current and past staff on the aspects that make programs successful and effective in different health service delivery settings. The report discusses:
    - Cross cultural training in the NT
    - Why the requirements for training have changed in recent years
    - The availability of cross cultural resources for use in health services
    - The context in which they are used and
    - The perceived effectiveness of the resources (based on interview comments).

Defining the terms

Cross-cultural awareness training

For the purpose of this report, cross-cultural training and cross cultural training programs will refer to any program that aims to assist participants to provide culturally appropriate services to Aboriginal and Torres Strait Islander people.

Terminology issues

During interviews with trainers and providers it became clear that whilst some take great care in defining their terms to reflect a specific meaning, more often, terms ‘cultural awareness’; ‘cultural competency’; ‘cultural safety’; ‘cultural sensitivity and cultural security’ are rarely carefully defined but used interchangeably.

Approach

Phone interviews

Interviews were conducted both over the phone and in person in order to gain information about the range of cross-cultural training available to health service providers in the NT. In order to identify relevant people to interview, health service providers (non-government, community controlled, and government) were contacted directly and asked to identify past and current persons or agencies

involved in cross cultural training within their service. Additionally, companies who provide external cross-cultural training courses were contacted in regards to their client base.

The qualitative data in this report is based on the personal opinions and reflections on past activity of people interviewed and therefore the veracity of the information is largely dependent on people's ability to accurately remember and describe the detail of historical events. This is discussed further under 'Limitations' however we believe the information in this report has been provided in good faith and is accurate as the retelling of events and activities are supported by more than one account.

Background

The Northern Territory (NT) is a place of great cultural diversity with Aboriginal people making up approximately 30% of the NT's population. Due to their higher burden of disease, Aboriginal people make up a substantial proportion of health care clients – at Royal Darwin Hospital (RDH) over 65% of in-patients are Aboriginal while at Alice Springs Hospital it is upwards of 90%.

This cultural diversity, in conjunction with the large number of Aboriginal patients and the predominantly non-Aboriginal health staff means that health service delivery within the NT must be culturally appropriate.

Culturally inappropriate aspects of some health service delivery for Aboriginal Australians was formally recognised in the early 1990s. The development and implementation of the Aboriginal Cultural Awareness Program (ACAP), a program providing for culturally appropriate delivery of health services, is now mandatory within government health service providers in the NT.

It seems largely unclear as to what led to the commencement of ACAP in the early 1990s and it is most likely a consequence of a variety of factors. Person A (non-Aboriginal), who is currently the deputy director of a non-government health service within the NT, indicated that the New Zealand publication, Binang *Goonj: 'Bridging Cultures in Aboriginal Health*' was a specific catalyst to the implementation of an ACAP course. Person B (non-Aboriginal) who is the manager of education and training at a non-government organisation within the NT noted there was an increased Federal Government push to implement cross-cultural training programs subsequent to the *Bringing them Home Report* (1997).

> ***After the Bringing them Home Report there were recommendations in that – one of which has only ever been enacted which was the implementation of [cross-cultural] training. Part of that was established as reconciliation learning circles, so individuals and groups took that up. [The] push was federal because it was part of the stolen generation enquiry. Back in the mid 90s was when we started this work – that's where all the challenging racism came from and the cultural fitness began. – Person B***

Alongside the Federal Government push, major events in history and the work of influential anti-racism activists informed the development of the cross-cultural awareness programs in the NT. Many different people and driving forces influenced the implementation of ACAP.

Going back to the Tent Embassy outside parliament in Canberra by the Aboriginal people, acts of defiance by minority groups in Australia since colonisation, civil rights movement, and the momentum around the 1967 referendum in Australia. There is always a history of this work that you can bring and see that there are antecedents and it does have a history and it's not all in isolation. – Person B

The other major piece was the WHO Ottawa Charta in 1984/86 that takes on the notion of public health and iterates a framework that I insist on teaching all of our students – it is about reorienting health services in a primary health way. It's not just absence of disease but looks at health in a much broader social context. It talks about mental wellbeing too. It's about reorienting health services… It's the first document that talks about health promotion as a "thing". It's about building public policy, about creating supportive environments, supporting communities to take action, developing up people's personal skills, the knowledge of reorienting the nature of health services, and certainly that notion of collaboration and commitment to sharing to build up the health of individuals, families, and communities. So it's certainly not a top down approach it's about going into a community and working it out. It's still for me one of the most astounding things. In any of the work that we do we go back to the principles of The Ottawa Charta and it certainly informs our practice. – Person B

Furthermore, Person B touched on how the HIV epidemic was a vanguard that forced people to adopt unconventional methods of education and to discuss topics that were otherwise taboo. To address the HIV epidemic people were required to engage in conversations that considered the notions of diversity and in turn cultivated workforce education that was not clinical and professional but rather focussed on values, attitudes, and moral positions.

Cross cultural training in the NT

During the early 1990s, the Northern Territory Department of Health and Community Services developed a comprehensive Aboriginal Cultural Awareness Training Program (ACAP) in recognition that a largely non-Aboriginal health workforce services a majority of Aboriginal clients. Therefore, it is regulated that government health care workers must undergo ACAP training as part of their staff induction.

Under Regulation in Section three of the Employment Instruction 10 (Equality of Employment Opportunity Programs), all agencies are required to provide cross cultural awareness training for all employees.

Further to this the Office of the Commissioner for Public Employment (OCPE) has created a Cross-Cultural Training Framework Implementation Guide to assist agencies with their cross-cultural training as well as listing the options that are available to them (appendix).

Despite these regulations it seems that ACAP training for staff within health care services in the NT is either not consistently offered or not properly enforced.

ACAP for DoH staff was mandated in the NT in 1996 although cultural awareness training was available prior to this date. Over the years the length of the course was gradually reduced from a seven day to a one-day course. The current Top End ACAP is a face-to-face workshop delivered over one-day with one facilitator. Person C (non-Aboriginal) is currently employed in the facilitation and coordination of ACAP Top End Region and delivers these courses to staff at Darwin, Gove, & Katherine hospitals.

ACAP is not provided by the DoH to Central Australia Health Services (CAHS) staff, who instead receive a one-day workshop 'Introduction to Central Australian Aboriginal cultures and context' provided by the Centre for Remote Health (CRH). The CRH is the main provider of cross-cultural training to both CAHS staff as well as non-government organisations.

Non-government health service providers in the NT provide either in-house cultural awareness training or engage with an external cross-cultural provider for staff training. Interviews with key staff in non-government cross-cultural training organisations reveal a vast diversity of cross-cultural training programs across health service providers in the NT. Some organisations engage with an external provider over one, two, or multiple days throughout the year as well as offering refresher courses for long-term staff. Other organisations provide a brief cross-cultural discussion as part of the new staff member's induction.

The reasons for such discrepancies across organisations are numerous and will be expanded later in the report.

A database detailing the cross-cultural training courses available for both non-government and government health service providers in the NT can be found in the Appendix.

The evolution of cross cultural training in NT 1996-2016

ACAP for DoH service providers

The following information about Top End ACAP comes from Person C (non-Aboriginal) who was a facilitator of ACAP in the Top End from 2000-2013.

The Aboriginal Cultural Awareness Program (ACAP) provided by the NT Government to Department of Health (DoH) staff has changed significantly since it was first implemented in 1996. In 1996, the program was intended to be a seven day course which consisted of section components: a one day introductory ACAP workshop; further two by two-day workshops and then a one or two day visit to a remote community (Person C).

Person E (non-Aboriginal) was involved in the development of the Central Australian Aboriginal Cultures and context course that DoH staff in Central undergo. Person E indicated that unlike Central Australia, the remote community visit never eventuated in the Top End. The components were delivered by four staff members (1 manager and 3 x facilitators) and were delivered over several months. This structure gave staff the opportunity to work, apply, and reflect on the information after each session and then embed and contextualise this theory into the workplace (Person C).

Around 2003, the ACAP was reduced to three, one-day modules delivered over a few months with two facilitators. In approximately 2007, the course was further reduced to a one -day workshop with one facilitator. In 2013, both an online ACAP module and a two-hour introductory ACAP were introduced.

Currently, if either the online module or two-hour course is completed, staff are marked as having completed ACAP training, despite the fact that they may never complete the full one-day ACAP workshop.

Cross cultural training for the department is completely different in CAHS. Unlike the Top End, the training is provided to staff externally by the Centre for Remote Health (CRH); the main provider of cross-cultural training to government and non-government organisations (NGO) in Central Australia. The course is a one-day *Introduction to Central Australian Aboriginal cultures and context* workshop. The course was started in 2014 by CRH because there were no appropriate cross-cultural training options available to medical students who were on placement in CA.

Community-controlled and other non-government health service providers

The evolution of cross-cultural training for community-controlled services and other non-government services across these years is difficult to track. Whilst some non-government health services were able to recall the cross-cultural training that preceded their current program, many did not have any record of either the program or the staff who preceded them in their current cross-cultural training role. Despite the difficulty in gaining information about these earlier cross-cultural

courses, the feedback from staff employed in these roles was very consistent – cross-cultural training has been condensed over the years and it is not given the attention it deserves.

Causes of reduction in ACAP

The reason for the gradual reduction in ACAP training over these years is unclear, and various staff hold different opinions. Both Person K, who was a facilitator of ACAP in Alice Springs from 2002-2005, and Person C, who coordinated ACAP in the Top End from 2000-2013 identified funding and staffing cuts from the DoH as the main cause. Similarly, Person A described the false economy of many organisations that do not recognise cross-cultural training as a priority; they minimise ACAP programs to reduce staff time/numbers and limit costs. In reality, staff with inadequate cross-cultural training are unlikely to effectively and appropriately meet the particular care needs of Aboriginal patients. This can lead to decreased engagement in health services by Aboriginal people, poorer health outcomes and, in the long term, a far greater cost to the system.

> ***It's been pretty disheartening what's happened to ACAP, because there has been consistent feedback from staff that we need more cultural awareness training and they've [DoH] consistently stripped it back. I think it's because of the false economy that it's going to save us money, so they [DoH] strip it back and say that 'we can't afford to have staff off the ward [for additional cross cultural training]'. But this [cross cultural training] is the crucial stuff and…the stuff that actually makes all the difference if you want your staff to stay on. – Person A***

> ***That whole notion that you can't release people for a day to do additional cross cultural training – but you can afford to lose them when they resign and when you're recruiting new staff – it just doesn't add up. – Person A***

> ***We are the main provider in Central because the department is not running anything down here at the moment. I just do feel that all we're running is a day, no one will pay for anything more than a day, there is no way despite all the feedback we get that it's not long enough, no one will pay for more than a day. It's just a disgrace. I do think we do a really good job. – Person E***

Some staff lamented the high employee turnover when staff are unable to cope with culturally adverse situations due to inadequate cross-cultural training. They urged the DoH to consider the

short-term cost of additional staff time to complete sufficient cross cultural training against the greater benefits and the long-term gains in the increased skills, workplace satisfaction, and overall improved service delivery of their staff.

Person F, an Indigenous facilitator of ACAP in the Top End from 2004-2007 spoke about both their involvement and explained the reduction in ACAP. However, Person F stresses that in order for cross-cultural training programs to be worthwhile they must be realistic and practical. He suggests a seven -day course will only be economically viable if staff attending have both the willingness and desire to engage in the content.

> ***Well, there was someone sitting somewhere who was disconnected to the front line. Someone comes up with a "great idea" that everyone's going to be put through a seven-day [cross cultural training] program but they've got no idea of the natural attrition and the number of staff that come and go. So you know, seven days is a waste of time because no one's ever going to complete it. So that's why when I was there I said 'don't be silly no one's ever going to complete it… look, you either do a one-day or two-day course and try to put in as much material as possible'. If people want more reading, give them more material – that's the best you can do. You can lead a horse to water but you can't make it drink. – Person F***

So, was the implementation of a seven-day ACAP an over-ambitious and unrealistic move by the DoH in light of the high turnover rates of health staff in in the NT? Was, the gradual reduction of ACAP to a one-day course due to a lack of funding or was it rather an attempt at a more efficient use of resources to give all staff the opportunity to gain some cultural awareness training.

Something for consideration is whether the high natural attrition of health staff in the NT would exist if cross-cultural training was implemented properly and there was a sufficiently trained workforce with a higher employment satisfaction.

Reasons for the reduction in both ACAP and cross-cultural training programs from 1996-2016 in the NT are poorly understood. The efforts to determine an effective program (including length and timing of training) are long standing and illustrated by the variety of formats manifested by ACAP during this period.

Perceived Effectiveness

What Makes A Cross-Cultural Program 'Good'?

The effectiveness of cross-cultural training programs is difficult to measure and formal evaluation of these programs is rare. Consequently, this report details specific features of cross cultural programs seen as successful and effective based on the opinions of past/current staff with experience in cross cultural training. Despite variations in the structure and content of cross-cultural training programs run by different agencies, interviews revealed considerable concordance on the effective elements of a cross cultural program including:

- Establishing the influence of cultural background and biases
- The importance of contextualisation
- Tailoring courses to:
    - Meet the demands of the health service provider
    - The level of experience and previous exposure of the staff to this health service delivery settings
- Importance of an effective facilitator
- Impact of the delivery mode
- Ensuring the course is an appropriate length

Establishing the influences

Participants' cultural backgrounds and biases

Firstly, many staff stressed that these courses need to avoid a cultural awareness/competency focus i.e. where emphasis is placed on educating non-Aboriginal staff about Aboriginal "culture". Instead, the course needs to adopt an approach that supports people to recognise how their own cultural background informs their own worldview and the biases that they themselves impose in the workplace.

> ***Cultural safety makes you consider your own culture and what you bring to the interaction. The cultural competency model doesn't include all of this. The cultural safety model we follows asks people to consider their own cultural background and focuses on what that background brings to the encounter, whilst considering issues such as power, privilege, [and the need to] be aware of stereotyping, othering, and***

decolonizing [Aboriginal Australians]. So, they're the principles and it doesn't matter if it's ethnicity, age or gender. You have to get people thinking what am I bringing to the encounter that is making me bias because of my cultural background? – Person A

The cultural competency/awareness approach may encourage people to stereotype the behaviour of Aboriginal Australians. This attitude fails to consider both the moral worth of the individual and the diversity of Aboriginal Culture. The following excerpt comes from Person G (non-Aboriginal) who is the manager of a community controlled Aboriginal Homelands Corporation who is involved in staff induction.

Firstly, I think we've missed the mark because the average Australian… isn't aware of their own culture. They're not even aware that they have one nor aware of how their own culture informs their behaviour in day-to-day life and in the workplace. You know I watched Q&A last night, which probably isn't helping me – I just can't stop thinking about Pauline Hansen, but we get all these white people coming in that don't know that they even have a culture. Then if you sit someone like that down that doesn't even know their own culture and tell them about Yolgnu culture then how much are they really going to take on board? You know my gut feeling is that that's a waste of time. – Person G

Importance of contextualisation

Irrespective of the type of health service, the ability to contextualise new information and apply it to your workplace is important. Cross-cultural trainers spoke of teaching people about cross-cultural environments prior to commencing work as a mistake –participants cannot relate the new information to the workplace they have yet to experience.

My view is that the idea that you do a one-day [cross cultural] workshop and everything's good is just silly. Really it's about, well what we have all our new staff do, having an initial discussion about what's entirely rude, just simple things like men's and women's business and avoidance relationships. Then ongoing it's just regularly discussing and learning. Then we've got health workers who we encourage to give feedback and tell people what they're doing or not doing

[correctly]. That ongoing cultural orientation is the gist of what we do here. – Person G

Laynhupay Homelands provides health services to 30 different homeland communities. The manager spoke of the need to have an initial discussion highlighting basic essential cultural practice/protocols before the clinician commences work. The manager believes that the essential reflective nature of cross-cultural training requires experience in the job –it is not worth including it as part of the general induction when the information cannot be properly contextualised.

Much like the remote community environment, cross-cultural training for health staff in the hospital environment needs to be contextualised and similarly that the cross-cultural course should not be completed by clinicians at the commencement of employment. The following excerpt comes from Person H (non-Aboriginal) who is an Aboriginal Cultural Advisor at the Alice Springs Hospital.

Get them into the ACAP training, get them one-on-one and then three months later do it. How many times have you gone into a workplace and day two you're learning the database system and you can't relate? I feel like doctors come into the ACAP training and they can't relate because it's done in the first week of their employment. So the dialogue then doesn't happen at the course, it's just the training provider talking instead of the sharing of experiences instead of what you could have done and what may have gone wrong and what you could have said, did you think of this and that – Person H

Courses tailored to health service provider demands

The type of service delivery and the specific role of health service staff vary greatly between health service providers in the NT. Staff in the hospital environment are physically removed from the home life of their patients. On the other hand staff providing healthcare services in community, experience a great degree of exposure to their patient's home life and culture. Interviews with staff suggested that different cross-cultural training program structures should exist across different health service delivery settings. Person A delivers courses to clinicians primarily in hospital and non-remote health care settings, advocates for a general overview of culture in the first instance due to the vast diversity of cultural backgrounds in the hospital environment.

I think covering history, communication styles, something around the context around the diversity of cultures and a principle-based program not tailored towards a specific culture. I wouldn't use dos and don'ts as a rule – because that falls into

that checklist thing. Really work out what it is that's causing the tension and what facilitates communication. – Person A

On the other hand, staff entering a remote community for the first time need to quickly familiarise themselves with the culturally appropriate behaviour for that specific community. For example, being aware of areas that they are not permitted to enter, such as areas for sorry business or men's and women's business.

Courses tailored to previous experience

Workplaces include staff with different backgrounds, experiences and levels of education. Cross-cultural programs should be tailored to their level of experience in that specific cross-cultural environment.

Person I is the office manager at a community controlled Aboriginal Homelands Health Service who believes it is unnecessary for their staff to undergo a full day of cross-cultural training.

"We have a board of Indigenous directors and we are employed by them. 70% of us have been here for over 5 years. When we hire non-Indigenous people most of them are over 50 and have a lot of experience in Indigenous communities and therefore a lot of cultural knowledge. So it's a little different to bringing someone in totally green. Acculturalisation is pretty easy for our doctors – most of them have been here for 7 or 8 years. The locals don't want Aboriginal health workers from other languages to come in. We're the most stable clinic in central Australia. We are one of the 26 Aboriginal [community] controlled communities in Central Australia and are completely separate to the NT government and the Indigenous elected body is in charge of the clinic." – Person I

In this situation, where staff have already had significant exposure to this cross-cultural health service environment Person I does not deem it necessary to sacrifice time taking staff away from the workplace for a whole day. Despite this view held by Person I, many staff at community-controlled organisations see cross-cultural courses as essential irrespective of previous experience. The argument to back this theory is that cross-cultural training and competency is a continual and ongoing reflective process. There are many opportunities for miscommunication between clinician and patient in cross-cultural interactions and thus endless opportunities to reflect and learn from these experiences.

Importance of the facilitator

The choice of facilitator is vital to a successful program. Firstly, they must be able to tailor the course to suit the level of experience and requirements of their participants. If necessary, they must be capable of providing culturally appropriate information specific to the area the participants will be working in.

> ***"They had a lovely guy who was from Mildura, Northern Victoria running it [ACAP] – an Indigenous guy. He was running it on his own. So I went and did it but he didn't have any cultural knowledge of Arrernte people in Central Australia." – Person E***

> ***That's what I've seen a lot of lately even big departments that have Aboriginal staff. Those staff don't have the capacity or don't have the local knowledge to really be talking about the cultural stuff…It's not good enough for us to just have a black face providing cultural training, you've gotta have a black face that really understood that Aboriginal knowledge. And know the two ways of learning and training, and be reputable in both cultures to provide that. Otherwise it's just a farce and putting out money and funds where it's really not going to be effective. You've got to have that in-depth knowledge and training for people to really enhance their capacity in working with Aboriginal people and engage with them more effectively." – Person J***
>
> ****Person J (Aboriginal) is a cultural training facilitator and coordinator at a non-government organisation within the NT. Person J provides these training courses to health service providers and companies in the NT.***

In addition, it is important that the structure and content of the course focuses not only on the historical events and 'teaching' of Aboriginal culture. The course should encourage participants to become more self aware of both their own biases and how they may be informing their own behaviour.

> ***"We did this orientation years ago out in Arnhem land we paid the community to provide a cultural awareness session. Really what they did is just drove them around and showed them bits of land and who owns it. Which is pretty amazing, because you can get a lot from that including their [Yolgnu] strong connection to***

land, which is really important to these people. However, I was thinking that they [the staff] could have got absolutely nothing out of that. I was thinking that they'd sit down and say this is our customs and we do this and we don't do this – but they did nothing of that. – Person G

Impact of the Delivery Mode

Almost all cross-cultural coordinators agreed that the preferable delivery mode was face-to-face. Whilst some courses exist in an online format many cross-cultural coordinators interviewed did not give these courses any credit as ***– you can't teach attitudes online.***

But this [cross cultural training] is the crucial stuff and they didn't pay respect that this is the stuff that actually makes all the difference if you want your staff to stay on. The staff who are only employed for a short time are the ones who need the training the most – they're the ones that can cause the most harm. It's the most disturbing trend, now they've even put it online – you can't teach attitudes online. – Person A

Coordinators and facilitators spoke about the need for courses to be a full day at an absolute minimum and that it was preferable if the course was spaced out over a couple of days to initiate the leaning, reflective, and contextualising cycle. Often too much content is squeezed into short courses. Interviewees noted that people can become intimidated and frightened by this format – a very undesirable outcome.

Probably the greatest frustration in the feedback is that the students go, "There's not enough time! I need more information I need way more than this". That's what we say in the beginning, that this is deliberately called an introduction to cross cultural training, and that there absolutely needs to be an ongoing discussion. And there also needs to be an absolute questioning of you and your practice, and the organisation's practice around what is it that you're actually doing. – Person E

When you've got half a day it's too much of an overload for people that don't really understand processes and procedures. You don't want to confuse people. It's really

full-on and pretty heavy. When you start talking about really engaging with people and Aboriginal perspectives as well. I prefer to do the whole day training so people can really feel comfortable in that environment of learning. I've seen too many people shy away from it when they feel guilty and their blaming themselves for that. I'm not going to blame this generation for what happened to us 50 years ago. It's really about making people feel comfortable in that environment and feeling culturally safe to ask questions and be engaged. – Person J

Additionally, the remote community visit was viewed as extremely powerful and gave people a chance to properly engage with the culture and a stronger desire to continue to learn and improve upon their cross-cultural knowledge in the workplace.

When I did it there was a mob of Warlpiri ladies that came from Yuendumu and we all camped together at Hamilton downs for two days – it was amazing! It was amazing for two reasons, one, because there were these Warlpiri women who were put in an absolute position of having knowledge that we needed our teachers, they were in control of what happened. We were not telling Aboriginal people what to do. We were being told how to behave. It was really, really good. And there knowledge was valued, they were paid to do it and they were valued. What I feel is so sad about… is that for many people they are the first Indigenous people they have spoken to who aren't patients and clients. – Person E

Conclusion

Across health services of the NT – government, community-controlled and non-government there is much more to be done towards achieving cross-culturally appropriate workplaces. Cross-cultural training courses are a wonderful tool that can be used to help these health service providers to work towards achieving this goal. Health Service providers must thoroughly assess what program best suits the needs of their service in order to maximise functional workplace and patient outcomes and minimise costs. Programs such as these are difficult to measure as it is hard to gauge the functional impact of these courses and thus prove their worth. However, in compiling this report and carrying out interviews with experts in cross-cultural training in the NT their dedication to and passion for this work make it clear that these courses bring about positive attitudinal change and cause improvements in the safety of health service delivery.

Limitations

The information in this reported is shaped by the format of the inquiry which is limited by:

- Opinion based interviews
- A dependence on people's memories of past events
- Potential for strong biases due to emotional investment in a sensitive topic
- A plethora of programs and designs with no formal evaluation or proposed assessment format to measure the effectiveness of the courses against.