



Australian
Indigenous
Psychology
Education
Project
(AIPEP)

Workforce Capabilities Framework

We acknowledge the Traditional Owners of lands and waters throughout Australia, and pay respect to Elders both past and present. We recognise the importance of continued connection to culture, country and community to the health, social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.

September 2016



Australian Government

Department of Education and Training

Supported by the Australian Government Department of Education and Training. The views expressed in this document do not necessarily reflect the views of the Australian Government Department of Education and Training.



With the exception of the Commonwealth Coat of Arms, and where otherwise noted, all material presented in this document is provided under Creative Commons Attribution-ShareAlike 4.0 International License <http://creativecommons.org/licenses/by-sa/4.0/>.

The details of the relevant licence conditions are available on the Creative Commons website (accessible using the links provided) as is the full legal code for the Creative Commons Attribution-ShareAlike 4.0 International License <http://creativecommons.org/licenses/by-sa/4.0/legalcode>.

Requests and inquiries concerning these rights should be addressed to:

Learning and Teaching Support
Student Information and Learning Branch
Higher Education Group
Department of Education and Training

GPO Box 9880
Location code C50MA7
CANBERRA ACT 2601
<learningandteaching@education.gov.au>

ISBN Numbers

PDF ISBN: 978-1-76028-860-0
DOCX ISBN: 978-1-76028-861-7
Print ISBN: 978-1-76028-862-4

For citation:

Dudgeon, P., Harris, J., Newnham, K., Brideson, T., Cranney, J., Darlaston-Jones, D., Hammond, S., Herbert, J., Homewood, J., Page, S. & Phillips, G. (2016). Australian Indigenous Psychology Education Project Workforce Capabilities Framework. Perth, WA: University of Western Australia.

For further information, contact:

Australian Indigenous Psychology Education Project (AIPEP)

School of Indigenous Studies
University of Western Australia
Perth WA 6009

Australian Psychological Society
Level 13/257 Collins Street
Melbourne VIC 3000
aiprep@psychology.org.au
www.IndigenousPsychEd.org.au



Artwork by Alta Winmar 2013



Australian
Indigenous
Psychology
Education
Project
(AIPEP)



THE UNIVERSITY OF
WESTERN
AUSTRALIA



APS Australian
Psychological
Society

Table of contents

List of acronyms.....	4
Note on terminology.....	4
Acknowledgements.....	5
AIPEP artwork.....	6
Executive summary.....	7
Statement of commitment.....	9
Section 1: Introduction.....	11
Mission.....	11
Aim.....	12
Objective.....	12
Rationale.....	12
Workforce capabilities frameworks.....	13
Section 2: Pedagogical principles.....	16
Section 3: Workforce Capabilities Framework.....	18
Section 4: Work integrated learning.....	25
Mentoring and support.....	27
Partnership and collaboration.....	27
Section 5: References.....	28
Note on implementation and review.....	30

List of acronyms

AH&MRC NSW	Aboriginal Health and Medical Research Council of New South Wales
AIPA	Australian Indigenous Psychologists Association
AIPEP	Australian Indigenous Psychology Education Project
APAC	Australian Psychology Accreditation Council
APS	Australian Psychological Society
ATSIHCF	Aboriginal and Torres Strait Islander Health Curriculum Framework
HoDSPA	Heads of Departments and Schools of Psychology Association
NHMRC	National Health and Medical Research Council
NRC	National Reference Committee
PsyBA	Psychology Board of Australia
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
WIL	Work Integrated Learning

Note on terminology

Aboriginal and Torres Strait Islander	Refers to the 230 or more Aboriginal and Torres Strait Islander peoples and clans, which are autonomous and sovereign nations.
Indigenous	Refers to Aboriginal and Torres Strait Islander peoples and other Indigenous peoples, such as Maori in Aotearoa/New Zealand or First Nations peoples in Canada.
People	Refers to human beings in general or considered collectively, and interchangeable as the plural of persons.
Peoples	Refers to “distinct human groups with their own social structures who are linked by a common identity, common customs, and collective interests” (APS, 2007). In the context of this report, the term ‘peoples’ is used to emphasise that there are multiple nations of Aboriginal and Torres Strait Islander peoples within Australia, each with their own unique sets of laws, cultures, languages and traditions. It is inappropriate to homogenise these as a single cultural group.
Indigenous governance	Refers to the distinctly different governance models that are based on Indigenous peoples’ cultural values, traditions, rules and social systems. Within mainstream structures, this is about ensuring that Indigenous views are heard and enacted. This can be undertaken by empowering Indigenous leaders, creating safe places where Indigenous directions and advice on relevant matters are respected, supported and given precedence.

Acknowledgements

The AIPEP Team would like to acknowledge the many contributors to the Project, including research participants, subscribers to the AIPEP mailing list, members of the Aboriginal and Torres Strait Islander Psychology Students Network (ATSIPSN) and participants at conference presentations and workshops. In particular we would like to acknowledge our major community partner, the Australian Indigenous Psychologists Association (AIPA), and members of the following groups:

National Reference Committee

Professor Tracey Bunda

Representative, Australian Psychological Society (APS)
Reconciliation Action Plan Working Group

Ms Yvonne Clark

Lecturer, School of Psychology, University of Adelaide

Ms Tania Dalton

Chair, Australian Indigenous Psychologists Association

Ms Zell Dodd

Former CEO, National Aboriginal and
Torres Strait Islander Health Worker Association

Professor Adrian Fisher

Nominee, Heads of Departments and
Schools of Psychology Association

Professor Alison Garton

Board Director,
Australian Psychology Accreditation Council

Ms Heather Gridley

Manager Public Interest, Australian Psychological Society

Dr Paul Harnett

Senior Lecturer, School of Psychology,
University of Queensland

Ms Faye McMillan

Chair, Indigenous Allied Health Australia (IAHA)

Professor Jill Milroy

Dean, School of Indigenous Studies
University of Western Australia

Professor Linda Waimarie Nikora

National Standing Committee on Bicultural Issues,
New Zealand Psychological Society

Ms Wendy Nolan

Former Director, Centre for Indigenous Studies
Charles Sturt University

Professor Michael Kyrios

President, Australian Psychological Society

Dr Rob Ranzijn

Former Adjunct Senior Lecturer in Psychology,
University of South Australia

Ms Kelleigh Ryan

Co-Chair, APS Aboriginal and Torres Strait Islander
Peoples and Psychology Interest Group

Ms Rebecca Sullivan

Indigenous Psychology Student

Ms Stacey Vervoort

APS Aboriginal and Torres Strait Islander Peoples and
Psychology Interest Group

Dr Nicholas Voudouris

Former CEO, Australian Psychology Accreditation Council

Dr Waikaremoana Waitoki

National Standing Committee on Bicultural Issues,
New Zealand Psychological Society

Leadership in Indigenous Mental Health Meeting Participants

Professor Allan Fels (Co-Chair)

Chair, National Mental Health Commission

Professor John Dunn

Former Chair,
Australian Psychology Accreditation Council

Professor Michael Kyrios

President, Australian Psychological Society

Emeritus Professor Nigel Bond

Executive Officer, Heads of Departments and
Schools of Psychology Association

Professor John Gleeson

Representative, Heads of Departments and
Schools of Psychology Association

Professor Lyn Littlefield

Executive Director, Australian Psychological Society

Ms Jane Stephens

CEO, Australian Psychology Accreditation Council

Leadership in Indigenous Mental Health Meeting Participants

Ms Kellie Fuller

Ms Joanne O'Connor

Ms Heidi Gerhardt-Bourke Gray

Ms Stacey Vervoort

AIPEP artwork

About the artist

Alta Winmar is a Balladong/Koreng Noongar woman living in Perth, Western Australia. She is a Noongar artist who has exhibited works in Western Australia and art pieces in other parts of the world. Alta is a proud Noongar Yorga (woman).

An artist for many years, Alta now works with the Sister Kate's Home Kids Aboriginal Corporation, and connects art with healing. She has reconnected further with her Noongar culture through community programs, and is focusing on cultural healing and art as a great tool which also helps children with their cultural identity. Alta has found that, through the arts, Aboriginal people have the opportunities to heal.

Learning circles

This art represents life, learning and acquiring and passing down knowledge.

The centre image is a tree showing the cycles of life with many branches of people coming together, connecting to each other, mother land, sea, and sky above. The flowers are the outcomes of people from many areas coming together in peace to talk, think and share knowledges. The cycles of life hold us, the people, all the animals, all the plants, the living earth, the seas and the sky together and throughout time. The cycles of life hold all living things together from the past to now in the present, and into the future.



It is through the cycles of life and understanding that a small ripple from a centre moves through, connects, and is absorbed like knowledge is acquired, to be shared for the growth of all mankind.

Executive summary

The Australian Indigenous Psychology Education Project (AIPEP) mission is to:

- Contribute to closing the gap between the health outcomes of Aboriginal and Torres Strait Islander and non-Indigenous peoples
- Build a more sustainable and equitable society by increasing Aboriginal and Torres Strait Islander peoples' participation in psychology education and training.

Aims	Outcome Papers
1. Indigenous knowledges and content in undergraduate and postgraduate psychology training	• AIPEP Curriculum Framework
2. Recruitment and retention of Aboriginal and Torres Strait Islander psychology students	• AIPEP Guidelines for Increasing the Recruitment, Retention and Graduation of Aboriginal and Torres Strait Islander Psychology Students
3. Graduate and professional development of workforce capabilities required for appropriate and effective work with Aboriginal and Torres Strait Islander peoples	• AIPEP Workforce Capabilities Framework

Collectively, the AIPEP outcome papers provide a template for meeting the standards set out by the Australian Psychology Accreditation Council (APAC), workforce competencies specified by the Psychology Board of Australia (PsyBA) and ethical obligations stipulated by Australian Psychological Society (APS), and will contribute to:

- Increasing the number of Aboriginal and Torres Strait Islander practising psychologists
- Culturally responsive psychological services
- Closing the gap between Aboriginal and Torres Strait Islander and non-Indigenous people's health, education, employment and economic status.

AIPEP Workforce Capabilities Framework

The objective of the AIPEP Workforce Capabilities Framework is to document the knowledge, skills and values required of psychologists working with Aboriginal and Torres Strait Islander peoples in order to build the capacity and competency of all psychology graduates to work appropriately and effectively with Aboriginal and Torres Strait Islander peoples.

The AIPEP Workforce Capabilities Framework is divided into four sections.

1. Introduction	Section 1 outlines the goal, aim and rationale for the Framework, and provides a context of research and work in the area.
2. Pedagogical principles	Section 2 sets out 12 principles upon which the Workforce Capabilities Framework is based.
3. Workforce capabilities framework	Section 3 outlines the PsyBA core capabilities (2013) for registration, against which expectations in relation to Indigenous knowledges and Aboriginal and Torres Strait Islander peoples are set out.
4. Work integrated learning	Section 4 discusses the important area of work integrated learning (WIL) through psychology training programs focusing on how this learning opportunity can be utilised at the undergraduate level. This section also addresses: <ul style="list-style-type: none">• Workplace mentoring and support strategies, with particular emphasis on cultural mentoring for students engaged in placements or other work integrated learning• Partnership and collaboration between higher education providers and Aboriginal and Torres Strait Islander communities.
5. References	Section 5 provides a list of references cited in this document.

The AIPEP Workplace Capabilities Framework is supplemented by the AIPEP Resources Database located at www.IndigenousPsychEd.org.au. The database contains a range of resources such as journal articles, books, chapters, news items, videos, podcasts, and academic units of study. The database is a PsyBA recommended resource for the National Psychology Exam.

The AIPEP project team and national reference committee are delighted to share these research findings and outcome papers in the hope they will assist in the delivery of better psychology education and training, with a view to helping close the gap in health and well-being outcomes.

Statement of commitment

We acknowledge the Traditional custodians of the land and waters of Australia and pay our respects to Elders past, present and future.

We recognise Aboriginal and Torres Strait Islander peoples as the First Nations People of Australia and the traditional owners and custodians of the lands and waters. We recognise the strength, resilience and value of the oldest living, continuous cultures of the world, their languages and spiritual relationships with the land and waters.

This Statement of Commitment is an acknowledgement of the strength, longevity and richness of Aboriginal and Torres Strait Islander cultures and knowledges, and of their important place in understanding and mitigating the contemporary challenges the world faces, including climate change and human co-operation. We acknowledge our profession's part in past practices and policies which have negatively impacted on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. We undertake a commitment to take collaborative action as a profession and a discipline to play our part in addressing the mental health gap and preventing future harm.

This Commitment builds on the following documents of particular relevance to psychology:

- *Australian Council of Social Services (ACOSS) Statement of Apology and Commitment to the Stolen Generation of Aboriginal Children (1997)*
- *The Boatshed Racism Roundtable Declaration (2009)*
- *APS Reconciliation Action Plan (RAP) (2012)*
- *Allied Health – Statement of Intent to improve Aboriginal and Torres Strait Islander Health and Wellbeing (2014)*
- *Gayaa Dhuwi (Proud Spirit) Declaration (2015)*
- *APS Ethical Guidelines for the Provision of Psychological Services for, and the Conduct of Research with, Aboriginal and Torres Strait Islander Peoples (2016)*

We recognise that the mental health burden carried by Aboriginal and Torres Strait Islander peoples is disproportionate to representation of Aboriginal and Torres Strait Islander peoples in the Australian population. Many barriers exist to Aboriginal

and Torres Strait Islander peoples' early access to health and wellbeing services. The objectives of the Australian Indigenous Psychology Education Project (AIPEP) – increasing Indigenous knowledges and content in undergraduate and postgraduate psychology training, the recruitment and retention of Aboriginal and Torres Strait Islander psychology students, and improvement in the competencies of psychologists in the workplace – are in the national interest.

Psychology involves the exploration of human thinking and behaviour and the application of

this understanding to support problem solving at a personal, community, organisational and societal level. Aboriginal and Torres Strait Islander knowledges are valuable to psychology and can enhance our knowledge, understanding, skills and outcomes. We recognise that cultural competencies and the implementation of anti-racism strategies, within professional training and in workplaces, are fundamental to psychology as a discipline and profession, and commit to continue the work of AIPEP through respectful partnership, collaboration and leadership.

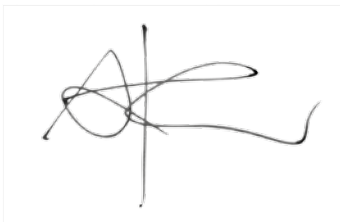
Professor Michael Kyrios
President
Australian Psychological Society



Professor Lyn Littlefield OAM
Executive Director
Australian Psychological Society



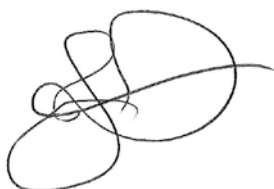
Professor Simon Crowe
Chair
Australian Psychology Accreditation Council



Ms Jane Stephens
Chief Executive Officer
Australian Psychology Accreditation Council



Ms Tania Dalton
Chair
Australian Indigenous Psychologists Association



Ms Tanja Hirvonen
Executive Officer
Australian Indigenous Psychologists Association



Section 1: Introduction

The Australian Indigenous Psychology Education Project (AIPEP) was funded by the Australian Government Office for Learning and Teaching (OLT)¹, with support from the Australian Psychological Society (APS), to develop frameworks, guidelines and strategies to increase the capability of psychology graduates to work appropriately and effectively with Aboriginal and Torres Strait Islander peoples, and to increase the recruitment, retention and graduation of Aboriginal and Torres Strait Islander students in psychology degrees. This three-year project (2013-2016) emerged in recognition of psychology's vital role and responsibilities to address the mental health crisis facing Aboriginal and Torres Strait Islander Australians, and the detriment to psychology as a discipline and profession through the exclusion of Aboriginal and Torres Strait Islander knowledges and participation.

AIPEP involved a multi-pronged research approach that gathered information, insights and experiences from a range of key stakeholders and data sources in order to inform the development of guidelines, recommendations for increasing participation and graduation of Aboriginal and Torres Strait Islander students in psychology programs, best practice examples and professional development. AIPEP was informed by a multi-disciplinary national reference committee (NRC) and guided by Indigenous governance, values and partnerships.

In response to its research findings AIPEP produced three key outcome documents to provide guidance and direction for future action:

- AIPEP Curriculum Framework
- AIPEP Guidelines for Increasing the Recruitment, Retention and Graduation of Aboriginal and Torres Strait Islander Psychology Students
- AIPEP Workforce Capabilities Framework

The AIPEP Workforce Capabilities Framework has been developed to support institutions providing

psychology training programs to reflect on the capabilities required for psychologists working with Aboriginal and Torres Strait Islander peoples in order to incorporate critical learning and skill development into the psychology curriculum. The Framework also provides support and guidance for employers in relation to the competencies required of staff – both for recruitment and professional development purposes – and for psychologists ensuring their own ongoing competence and capability through professional development and other learning opportunities.

The Framework establishes core principles and provides guidance in line with the Psychology Board of Australia (PsyBA) core capabilities, a minimum criterion for registered psychologists. These core capabilities for registration will ideally be acquired throughout the psychologist's entire training sequence, starting with the undergraduate program, so AIPEP strongly advocates core capability development relevant to Indigenous psychology during the undergraduate years.

The AIPEP Workforce Capabilities Framework recognises that the development of cultural competencies is an ongoing journey rather than a defined destination. It therefore serves as a guide to more appropriately and effectively meet the needs of Aboriginal and Torres Strait Islander peoples.

Mission

The mission of AIPEP is to:

- Contribute to closing the gap between the health outcomes of Aboriginal and Torres Strait Islander and non-Indigenous peoples
- Build a more sustainable and equitable society by increasing Aboriginal and Torres Strait Islander people's participation in psychology education and training.

¹ The OLT ceased on the 30 June 2016; the Australian Government Department of Education and Training continued to support the project through the Promotion of Excellence in Learning and Teaching in Higher Education program.

Aim

The specific aims of AIPEP are to increase:

- Indigenous knowledges and content in undergraduate and postgraduate psychology training
- Recruitment and retention of Aboriginal and Torres Strait Islander psychology students
- Graduate and professional development of workforce capabilities required for appropriate and effective work with Aboriginal and Torres Strait Islander peoples.

Objective

The objective of the AIPEP Workforce Capabilities Framework is to

document the knowledge, skills and values required of psychologists working with Aboriginal and Torres Strait Islander peoples in order to build the capacity and competency of all psychology graduates to work appropriately and effectively with Aboriginal and Torres Strait Islander peoples.

The Framework provides a template for meeting the standards set out by the APAC, workforce competencies specified by PsyBA and ethical obligations stipulated by APS *Code of Ethics* and *Ethical Guidelines*.

The AIPEP Workforce Capabilities Framework will contribute to:

- The development of psychology training programs that meet workforce needs
- Appropriately targeted professional development programs for those working in mainstream and Indigenous services

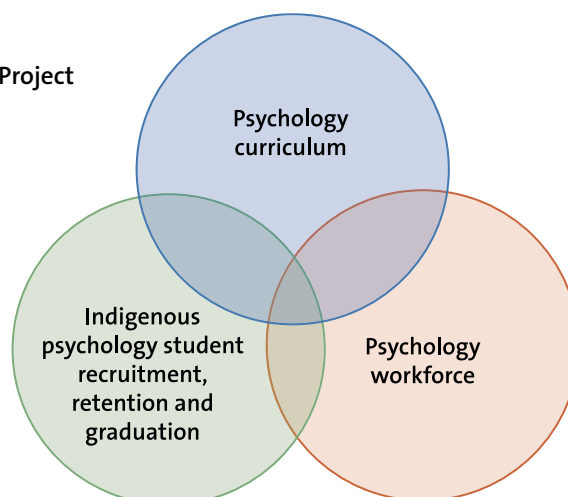
- Workforce recruitment practices to attract, recruit and develop psychology staff in mainstream and Indigenous services.

Rationale

The mental health crisis facing Aboriginal and Torres Strait Islander peoples is well documented. It is reflected in an overall suicide rate twice that of non-Indigenous people, and more than twice the rate of self-reported high and very high levels of psychological distress (Australian Health Ministers' Advisory Council, 2015). This crisis is further exacerbated by the severe under-representation of Aboriginal and Torres Strait Islander people in the profession of psychology and the dearth of cultural responsiveness in psychology education and training programs.

AIPEP recognises that there are three core areas through which the profession of psychology can help to address this gap: through the development of the psychology undergraduate and postgraduate curriculum; through the recruitment, retention and graduation of Aboriginal and Torres Strait Islander psychology students; and through the graduate and professional development of workforce capabilities required for appropriate and effective work with Aboriginal and Torres Strait Islander peoples. AIPEP findings show that all three areas, and their interconnected elements need to be addressed to achieve sustainable change and outcomes. In combination, the three outcome reports offer a complete framework for increasing Indigenous participation and graduation and for ensuring that the psychology workforce can respond in culturally appropriate ways to the health and education needs of Indigenous clients and communities. This is illustrated in Figure 1.

Figure 1. The intersecting focus areas of the Australian Indigenous Psychology Education Project



The AIPEP Workforce Capabilities Framework is a critical aspect of the AIPEP outcomes as it:

- Identifies and articulates the specific knowledge, skills and values required of psychologists working with Aboriginal and Torres Strait Islander peoples in both mainstream and Indigenous services
- Guides curriculum development, including work integrated learning (WIL) objectives
- Assists in the targeting of professional development to hone the capabilities of practicing psychologists in mainstream and Indigenous services
- Facilitates staff recruitment and development strategies that develop service capacity and effectiveness.

Workforce capabilities frameworks

The AIPEP Workforce Capabilities Framework builds on the following documents, applying them to the specific requirements of the psychology profession. There are important common bases across all of the documents, and as a consequence, each has provided a valuable foundation, as well as insight and knowledge for the development of the AIPEP Workforce Capabilities Framework.

The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (Department of Health, 2013) was developed in consultation with Aboriginal and Torres Strait Islander stakeholders to provide a policy framework designed to meet Council of Australian Governments' (COAG) commitment to Close the Gap. In particular it was designed to address targets for a reduction in child mortality and increase in life expectancy.

The NSW Aboriginal Health Plan 2013-2023 (NSW Ministry of Health, 2012) acknowledges the significant disparities in health and wellbeing between Aboriginal and non-Aboriginal people in NSW, and reflects the NSW Government's commitment to close the gap. The Plan focuses on health systems, and particularly the organisation, funding and delivery of health services. Partnership with Aboriginal health services is central to the Plan which was developed with the Aboriginal Health and Medical Research Council (AH&MRC) NSW. Founded on guiding principles - respect and trust, recognition of cultural values and traditions, holistic approach and participation and partnership with Aboriginal

peoples, communities and organisations – there are six strategic directions outlined in the plan:

1. Building trust through partnerships
2. Implementing what works and building the evidence
3. Ensuring integrated planning and service delivery
4. Strengthening the Aboriginal workforce
5. Providing culturally safe work environments and health services
6. Strengthening performance monitoring, management and accountability

Focusing particularly on primary health, the Plan includes reporting and accountability of local health districts (LHDs), specialists and other funded areas. Despite the breadth of the Plan's application, there is no specific detail provided about the competencies required of people working within the health professions beyond 'cultural competence'.

The Plan was used as foundation for a number of other frameworks including the **Aboriginal and Torres Strait Islander Health Curriculum Framework (ATSIHCF)** (Department of Health, 2014), where competencies were explored in greater detail. The ATSIHCF was taken into account in the iterative revisions of the AIPEP Curriculum Framework.

The ATSIHCF was released by the Australian Government Department of Health in recognition of the variability of training across the health professions in relation to Aboriginal and Torres Strait Islander health and wellbeing (Department of Health, 2014). Although focused primarily on the higher education curriculum rather than workforce capabilities, the ATSIHCF provided a foundation for the AIPEP Workforce Capabilities Framework. It offers guidance and resources for people within profession of psychology and for psychology training programs. Indeed, there is much overlap between the two frameworks.

The ATSIHCF provides a comprehensive suite of guidelines and resources for higher education providers across all health disciplines and focuses on five core personal capabilities:

1. Responsive
2. Communicative
3. Advocacy
4. Reflexive
5. Respect

These personal qualities are seen as the fundamental capacities for working with Aboriginal and Torres Strait Islander peoples. Under each of these capabilities the framework describes the learning outcomes expected of students at the novice, intermediate and entry to practice levels, and guides implementation at multiple levels of the higher education institution including organisational leadership, curriculum design, and teaching. The framework also provides examples of facilitated and experiential learning approaches.

The framework was developed through extensive and iterative collaboration with Aboriginal and Torres Strait Islander stakeholders, including significant input from Aboriginal health workers.

Experiential learning, including work experience and clinical placements, is seen as a critical learning approach in the development of knowledge, skill and personal capabilities. The framework maintains that learning should use innovative, experiential and practice-based examples focusing on strength rather than deficit. The importance of partnerships between the health sector and Aboriginal and Torres Strait Islander communities and organisations is emphasised as critical in developing health graduates' workforce capacity.

As with the ATSIHCF, the aims of the **Indigenous Allied Health Australia (IAHA) Cultural Responsiveness in Action Framework** align with the NSW Aboriginal Health Plan 2013-2023 and respond to the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 with a focus on the allied health professions (IAHA, 2015). The framework defines cultural responsiveness as:

...an extension of patient centred care that includes paying particular attention to social and cultural factors in managing therapeutic encounters with patients from different cultural and social backgrounds. (Cranney, 2015. p8).

Cultural responsiveness incorporates reflective practice, lifelong learning, and a relationship focus that is appreciative of diversity and knowledgeable about Aboriginal and Torres Strait Islander histories, cultures and people.

The framework focuses on six key capabilities:

1. Respect for centrality of culture
2. Self-awareness
3. Proactivity
4. Inclusive engagement
5. Leadership
6. Responsibility and accountability.

These capabilities are described in terms of knowing (knowledge), being (values and attitudes) and doing (skills). The emphasis on interdisciplinary partnerships in health care and strong emphasis on Indigenous governance are visionary in terms of drawing together resources and strength. The framework also speaks to each of the layers of responsibility for the development and assurance of cultural responsiveness in health care: health education providers, health service providers and the health professional. Therefore, each of the six key capabilities can be applied at an organisational, pedagogical and practice level.

Cultural responsiveness provides a valuable perspective for the health professions, simplifying the approach needed: It is the way people are treated each time they engage with health services that determines whether they will come back and how they feel about the service they receive.

The **National Practice Standards for the Mental Health Workforce (2013)** are:

...intended to complement the discipline-specific practice standards or competencies of each of the professional groups, and to address the shared knowledge and skills required when working in an interdisciplinary mental health environment. (Victorian Department of Health, 2013. p4).

The standards outline the values, attitudes, knowledge and skills that guide practice across the lifespan and across healthcare settings. As with other documents, the standards acknowledge the multiple levels involved in the development of mental health workforce competencies, including education providers, accreditation authorities, mental health services, and practitioners. The standards focus specifically on practitioner competencies,

differentiating between the expectations of people entering the mental health professions and experienced practitioners. They are complemented by the National Standards for Mental Health Services 2010 (Department of Health, 2010) which focus on the services and settings in which mental health services are provided.

Thirteen standards focusing on person-centred approaches and nationally agreed protocols and requirements are set out. Standard four (Working with Aboriginal and Torres Strait Islander people, families and communities) requires that:

by working with Aboriginal and Torres Strait Islander peoples, families and communities, mental health practitioners actively and respectfully reduce barriers to access, provide culturally secure systems of care, and improve social and emotional wellbeing. (Victorian Department of Health, 2013. p14).

According to standard four, the mental health practitioner:

- Develops an understanding of Aboriginal and Torres Strait Islander history, particularly the impact of colonisation on present day grief, loss and trauma and its complexity
- Communicates in a culturally sensitive and respectful way, with awareness of potential mistrust of government and other service providers as a result of past history
- Uses culturally sensitive language and preferred terminology in line with current policy directives

- Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks that pertain to working with Aboriginal and Torres Strait Islander peoples
- Respectfully collects and records information identifying Aboriginal and Torres Strait Islander status in line with current policy directives
- Works in collaboration with Aboriginal and Torres Strait Islander cultural advisors where appropriate regarding care and engages meaningfully to develop culturally appropriate care in collaboration with these support networks
- Seeks to understand and work within local cultural protocols and kinship structures of Aboriginal and Torres Strait Islander communities
- Respectfully follows Indigenous protocols in community contexts, such as the process of vouching in which one or some of the community members attest to the person wishing to enter the community.

In summary, the preceding frameworks provide an important foundation on which to base the AIPEP Workforce Capabilities Framework. However, the AIPEP Workforce Capabilities Framework acknowledges that psychological work has specific challenges and draws on the extensive stakeholder discussions undertaken as part of the AIPEP research. The AIPEP Workforce Capabilities Framework therefore focusses attention on specific professional capabilities with inclusion of specific knowledge and skills pertaining to psychological work.

Section 2. Pedagogical principles

The AIPEP Workforce Capabilities Framework is founded on a number of principles which position Aboriginal and Torres Strait Islander peoples as sovereign First Nations. The Framework acknowledges that Aboriginal and Torres Strait Islander peoples have experienced disproportionate disadvantage as a direct result of Australia's colonial history and the resultant contemporary normative assumptions and practices. The Framework also recognises the 60,000 years of continuing cultural history and the value of this history and knowledge in health promotion and treatment strategies.

The principles that are critical to this work are:

- 1. Status:** Aboriginal and Torres Strait Islander peoples are recognised as the First Nations of Australia and are accorded the respect and dignity associated with this status. This is a key element of the social justice foundation to which psychology can contribute. By affording Aboriginal and Torres Strait Islander Australians the status that was denied to them as a result of the flawed application of Terra Nullius², it serves as both a symbolic and substantive act of reconciliation.
- 2. Rights:** As First Nations peoples, Aboriginal and Torres Strait Islander peoples have a right to receive services situated within their cultural realities and needs, as stipulated by the United Nations Declarations on the Rights of Indigenous Peoples (UNDRIP) (United Nations, 2008).
- 3. Potential:** Education is fundamental to the development of human potential, full participation in society and full enjoyment of most other human rights.
- 4. Knowledges:** Aboriginal and Torres Strait Islander knowledges are valuable to the profession and practice of psychology. The discipline and profession can be enhanced by incorporating different cultural norms and practices into the corpus of psychological knowledge and theory which will enhance its applicability and relevance.
- 5. Paradigms:** Aboriginal and Torres Strait Islander health and wellbeing relies on an ecological and holistic paradigm, where community development, policy, history, society, economics and other social determinants of health are understood and articulated by health professional graduates (Phillips, 2015).
- 6. Responsibilities:** The knowledge, skills and values to work effectively and appropriately with Aboriginal and Torres Strait Islander peoples must be built across all areas of the psychology workforce to ensure both effective clinical care and the recognition and incorporation of these capabilities into areas such as policy, management, program development, health promotion and education, all of which have direct and significant impacts on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.
- 7. The Learning Journey:** Knowledge and skills must be built over time both with psychology training and within the workforce. Different professionals will be at different stages of their own development and some will be more open to different approaches than others. Consequently, psychology professionals need time to develop and integrate Aboriginal and Torres Strait Islander content into their existing worldviews. This needs to be managed with care and sensitivity and without judgement in a safe and supportive environment.
- 8. Strategy:** An Aboriginal and Torres Strait Islander education strategy should be embedded by relevant stakeholders across the school, institution or sector via a program-centred approach through strategic planning, implementation, and evaluation. In this way an integrated educational experience is developed that contests the dominant Western paradigm. At the same time it identifies the associated power and privilege inherited by non-Indigenous Australians that is the corollary

² Terra Nullius is a Latin expression meaning 'land belonging to no-one'. In 1770 Captain James claimed possession of the East Coast of Australia for Britain under the doctrine of 'terra nullius'. Official and public acceptance of terra nullius continued until the 1992 Mabo judgment.

of constructing the 'other' in a deficit space. This in turn challenges, and potentially disrupts, the entrenched stereotypes associated with Indigenous and non-Indigenous relationships.

- 9. Stepped Curricula:** Curriculum change involves both vertical and horizontal embedding of Aboriginal and Torres Strait Islander knowledges and pedagogies. Content should be embedded vertically across the entire degree structure (at undergraduate and postgraduate levels); but also horizontally into units of study (subjects and courses) at the same level. A program-centred approach allows different emphases and foci to be explored in a relevant and meaningful manner while ensuring an integrated understanding and purpose.
- 10. Reflexivity:** The ability to provide culturally responsive services is preceded by an understanding of one's own identity as a cultural being. The capacity of all graduates to understand their own cultural identity relevant to that of another person or group is a foundation

skill required in every aspect of personal and professional life. The cultural lens through which a person understands her or his context is essential to the interpretation of, and responses to, the world.

- 11. Diversity:** Psychology and psychologists recognise the diversity of Aboriginal and Torres Strait Islander cultures and the manner in which social and emotional wellbeing of both Indigenous and non-Indigenous Australians are enhanced by Indigenous cultures and diversity.
- 12. Experiential Learning:** Practical experience working with Aboriginal and Torres Strait Islander peoples and services is fundamental to the building of professional capabilities required of all psychology graduates. Such opportunities also build the relevance of the psychology curriculum and profession for Aboriginal and Torres Strait Islander peoples, subsequently influencing the recruitment and retention of Indigenous psychology students.

Section 3. Workforce Capabilities Framework

The PsyBA sets the core capabilities required for registration and these capabilities can be seen as the minimum criteria required of practising psychologists (PsyBA, 2013). Mapping the workforce capabilities required of psychologists working with Aboriginal and Torres Strait Islander peoples onto the existing PsyBA core capabilities offers one way to conceptualise and guide the expectations of psychologists working with Aboriginal and Torres Strait Islander peoples. That is, the workforce capabilities provide a vehicle for the core capabilities and standards, tailored to achieve appropriate knowledge, values and skills for working with Aboriginal and Torres Strait Islander peoples. Table 1 maps these specific guidelines to each of the PsyBA core capability areas.

It is critical to recognise that, while some practice settings will involve work with many Aboriginal

and Torres Strait Islander peoples, Aboriginal and Torres Strait Islander peoples are present in every setting and do not separate themselves from their cultural context when not in a purely clinical space. Therefore, all psychologists and psychology educators are required to have the skills, knowledge and values to work appropriately and effectively with Aboriginal and Torres Strait Islander peoples. This is fundamental to reconciliation, equity and closing the gap between Aboriginal and Torres Strait Islander, and non-Indigenous health.

The AIPEP Workforce Capabilities Framework draws on previous work in this area as well as the AIPEP research findings and the *APS Ethical guidelines for the provision of psychological services for, and the conduct of research with, Aboriginal and Torres Strait Islander people of Australia* (2016).

Table 1. AIPEP Workforce Capabilities Framework

PsyBA Core Capability and Definition	Guidelines for working with Aboriginal and Torres Strait Islander peoples
<p>Knowledge of the discipline</p> <p>The theoretical knowledge and understanding of psychology is the foundation for all the other core capabilities. It informs and shapes psychological practice. This capability includes the knowledge of psychological theories and models, empirical evidence of the theories and models and major methods of psychological inquiry. The application of this knowledge together with an understanding of professional ethics and standards is the basis of the professional practice of psychology.</p>	<p>Knowledge of the discipline must include:</p> <ul style="list-style-type: none"> • Foundational awareness and understanding of Australian colonisation history and the link between colonisation and Aboriginal and Torres Strait Islander health and wellbeing • The cultural and historical context in which the discipline of psychology and its associated theories are constructed and awareness of limitations and alternative views and perspectives • The meaning of cultural safety and cultural responsiveness, and how to work towards these objectives at a personal, professional and institutional level • Knowledge of reports from major public inquiries and initiatives on matters concerning Aboriginal and Torres Strait Islander health, mental health and psychological wellbeing including <i>Closing the Gap</i> (COAG, 2008), <i>Bringing them home</i> (Australian Human Rights Commission, 1997), <i>The Elders’ Report into Preventing Indigenous Self-harm and Youth Suicide</i> (Gooda & Dudgeon, 2014), and <i>Working Together</i> (Dudgeon, Milroy & Walker, 2014). <p>Psychologists should also have knowledge of:</p> <ul style="list-style-type: none"> • Indigenous psychology (that is, examining knowledge, skills and beliefs Aboriginal and Torres Strait Islander peoples have about themselves and the study of these in their natural contexts. Indigenous psychology recognises the legitimacy of all Indigenous forms of knowledge) • Cultural perspectives of psychological processes such as cognition, perception and emotional development • Social and family systems and kinship networks • Social and emotional wellbeing and the social determinants of health • Research ethics and Indigenous research methodologies • Psychological interventions that are appropriate and effective with Aboriginal and Torres Strait Islander peoples and are supported by evidence.

Table 1. continued

<p>Psychological assessment and measurement</p> <p>Assessment is an ongoing, interactive and inclusive process that serves to identify, describe, conceptualise and formulate presentive issues. Assessment is a fundamental process interwoven with most other aspects of professional practice and is seldom the sole focus of a psychologist’s work.</p> <p>Assessment focuses not only on dysfunction but also on function. The objectives for this capability centre on demonstrating skills and knowledge in conducting systematic psychological assessments (including observation, interview and psychological testing) and applying this knowledge to problem formulation. The objectives also include demonstrating skill in writing informed, succinct, valid and well organised psychological reports.</p>	<p>The capacity to use psychological assessment and measurement must include an understanding of the cultural and historical context within which such tools are developed and the associated limitations of their use and interpretation. This should also include an understanding of the implications for individuals and communities of inappropriate testing.</p> <p>Psychologists must have the capacity to implement assessments and measurements in a culturally appropriate way and demonstrate an awareness of tools specifically validated with Aboriginal and Torres Strait Islander peoples. Where culturally specific or validated tools are not available multiple sources of information should be used and any necessary limitations on the interpretation of test results should be recorded.</p>
<p>Intervention strategies</p> <p>Intervention involves activities that promote, restore, sustain or enhance function and is based on a formulation of the presenting problems. It is informed by psychological theory of individual and systemic change and evidence based practice and is guided by professional ethics and standards of practice.</p>	<p>This capability includes the ability to engage with and build respectful relationships with Aboriginal and Torres Strait Islander peoples, including deep listening and building trust. The building of respectful relationships should also adhere to the principles of humility and reciprocity.</p> <p>In particular, psychologists should be able to demonstrate awareness of:</p> <ul style="list-style-type: none"> • The significant impact of trauma and loss across generations of Aboriginal and Torres Strait Islander peoples, and the skills to appropriately assess and work within a trauma-informed approach • The historical and ongoing removal policies resulting in the Stolen Generations, and the inter-generational impact on health, wellbeing, cultural connection and identity • Healing models of care developed specifically to address the harms caused by removal policies (for example, Stolen Generations).

Table 1. *continued*

<p>Communication and interpersonal relationships</p> <p>The ability to effectively communicate, in written and oral format, from a psychological perspective, in a style appropriate to a variety of different audiences, and to interact professionally with a wide range of client groups and other professionals.</p>	<p>Communication with Aboriginal and Torres Strait Islander peoples must recognise the primary importance of respectful and trusting relationships. Interactions should therefore respectfully engage with people (for example, asking about family and sharing information about yourself before moving onto ‘business’).</p> <p>Dadirri (also referred to as deep listening) is a fundamental capability required of all psychologists working with Aboriginal and Torres Strait Islander peoples.</p> <p>Psychologists must recognise and take into account that:</p> <ul style="list-style-type: none">• For some Aboriginal and Torres Strait Islander people, English is not a first language and may in fact be a second, third or fourth language or dialect. Others may not use standard Australian English• Clear communication, the use of community resources, and the appropriate engagement and use of interpreter services is critical to any effective communication and building interpersonal relationships• Consultation and meeting times should take into account the time that may be needed in addition to the specific meeting agenda in order to develop rapport, cultural safety and a respectful relationship• Appointment times must recognise and respect precedence given to family and specific cultural times (for example, sorry business).
---	---

Table 1. continued

Research and evaluation	<ul style="list-style-type: none">• Psychologists demonstrate awareness of and ability to apply the requirements and guidelines of the <i>APS Ethical guidelines for the provision of psychological services for, and the conduct of research with, Aboriginal and Torres Strait Islander people of Australia</i> (2015), <i>NHMRC Guidelines Values and Ethics – Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research</i> (2003), and local Aboriginal health ethics committee guidelines and requirements in the design and implementation of research. All research gives consideration to the relevance to, and impact on, Aboriginal and Torres Strait Islander peoples.• Psychologists’ research with Aboriginal and Torres Strait Islander peoples adheres to the principles of reciprocity, respect, equality, responsibility, survival and protection, and spirit and integrity as defined in the NHMRC guidelines.• Indigenous governance, accountability, cultural property and intellectual ownership, and Indigenous leadership in research design, implementation and analysis are valued and applied as fundamental to ethical, respectful and successful research with Aboriginal and Torres Strait Islander peoples.• Psychologists working in research and evaluation have an understanding of the colonisation of research ‘on’ Indigenous peoples and the implications this has had for Indigenous culture and wellbeing.• Psychologists’ research design and implementation consider the impact and implications the research conduct and outcomes may have on Aboriginal and Torres Strait Islander peoples and researchers discuss this openly and honestly with the relevant communities and ethics committees.
--------------------------------	---

Table 1. continued

<p>Ethics, legal and professional matters</p> <p>Knowledge of ethical, legal and professional issues and their application to psychological practice.</p>	<ul style="list-style-type: none"> • Capability in this area includes knowledge of the APS Guidelines for the provision of psychological services for, and the conduct of research with, Aboriginal and Torres Strait Islander people of Australia (2015), and the NHMRC Guidelines Values and Ethics – Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research (2003), as well as local Aboriginal health ethics committee guidelines for research and practice with Aboriginal and Torres Strait Islander peoples and competence in applying these guidelines in psychological research and practice. • Psychologists know how to identify the local community, Traditional Owners and Indigenous organisations and understand how traditional ownership has been affected by colonisation. • Psychologists are aware of and able to apply statutory requirements and best practice guidelines regarding the identification of Aboriginal and Torres Strait Islander peoples in practice and research (AIHW, 2010). • Capability in this area should include: <ul style="list-style-type: none"> - Understanding of the importance of respectful relationships and the implications of damage to relationships and trust - Understanding of kinship systems and awareness of challenges in maintaining privacy within community while appropriately engaging with kin, organisations and respected individuals - Developing relationships with other professionals, and in particular, Indigenous services and personnel, to facilitate cultural safety and appropriate continuity of care - Knowledge of culturally appropriate mechanisms for resolution of conflict between psychologists and clients, colleagues, employees and other professionals, including racial discrimination complaints mechanisms - Cultural supervision to reflect on own practice and build cultural responsiveness - Understanding of vicarious trauma and the capacity to self-care - Awareness of cultural rules in relation to gender, age, kinship and language groups - Awareness of language and cultural issues when ensuring that informed consent is appropriately obtained and understood - Ability to establish who has legal authority for a young Aboriginal and/or Torres Strait Islander person and awareness that there may be multiple community members with such responsibility.
--	--

Table 1. continued

<p>Working with people from diverse groups</p> <p>Working effectively within a cross-cultural context requires a psychologist to develop core capabilities to adequately practise with clients from cultures different from the psychologist’s own. The objectives for this capability centre on demonstrating awareness, knowledge and skill to work within a cross-cultural context.</p>	<p>Capability in this area includes recognition of diversity within Aboriginal and Torres Strait Islander communities. Diversity exists, for example, between language and kinship groups, between people living in rural and urban areas, between age groups, and between women and men. Respect for diversity includes an openness and respect for difference including cultural diversity. Psychologists must have:</p> <ul style="list-style-type: none"> • Understanding of whiteness and white privilege associated with colonisation history • Understanding of, and respect for, non-disclosure of Aboriginal and/or Torres Strait Islander heritage • Capacity to build and communicate cultural safety both within the practicing environment and at each specific interaction.
<p>Practice across the lifespan</p> <p>The capability requires the provisional psychologist to demonstrate the core capabilities required by the Board across the lifespan. For training purposes, the lifespan can be broken into four specific stages:</p> <ol style="list-style-type: none"> 1. Childhood 2. Adolescence 3. Adulthood 4. Late adulthood 	<p>Psychologists demonstrate the required capabilities across the lifespan, including an understanding of age-related health and wellbeing concerns for Aboriginal and Torres Strait Islander peoples, and cultural relationships, mores and practices related to age and life stage.</p> <p>This capability also includes an awareness of:</p> <ul style="list-style-type: none"> • High rates of suicide and self-harm, particularly for young people • Kinship relationships, responsibilities and legal authority • Family and social responsibilities associated with age and community status.

Section 4. Work integrated learning

Work integrated learning (WIL) encompasses a range of strategies and approaches used within a curriculum which aim to integrate discipline knowledge with work practice (Patrick et al., 2008). It provides a focus for experiential learning, preparing graduates for work (Braunstein & Loken, 2004; Coll & Zegwaard, 2007; Harvey & Knight, 1996; Patrick et al., 2008; Stephenson, 1997). Work placements are the most widely acknowledged WIL approach. However, WIL is not confined to work placement. There are a variety of approaches that could be used to develop workforce capabilities. These experiences can be scaffolded throughout undergraduate training, culminating in work placements in the later years. The aim is to create integrated and continuous learning that leads to internship programs for provisional psychologists, or to placements in masters and doctoral courses leading to 'endorsed area of practice'.

WIL is of great value in the attraction, retention and success of Aboriginal and Torres Strait Islander psychology students who often enrol in undergraduate psychology programs to build their capacity to work with their own people and communities. Harnessing workplace readiness also has the potential to increase the value that community places on higher education participation. When properly designed and integrated into a course, WIL contextualises learning (Coll & Zegwaard, 2007; Homewood, Winchester-Seeto, Warburton & Hutchison, 2012; Patrick et al., 2008). Increasing the relevance of the undergraduate curriculum in this way has the potential to facilitate retention of Aboriginal and Torres Strait Islander psychology students. In addition, many Aboriginal and Torres Strait Islander psychology students have well-developed capabilities through employment, community or family roles. WIL provides an authentic and meaningful way for these students to demonstrate their understanding and to integrate it with theoretical and discipline learning.

WIL is also essential for non-Indigenous psychology students. The AIPEP data endorsed the idea that experience with Aboriginal and Torres Strait Islander people, communities and organisations is a critical part of developing workforce capabilities at the undergraduate and postgraduate level.

Many psychology students have not knowingly interacted with an Aboriginal or Torres Strait Islander person before or during their psychology training. This impedes the development of the core capabilities outlined above and creates a risk of setting up Indigenous peoples as an invisible minority. It impedes the students' ability to work in a culturally responsive manner and ultimately compromises the effectiveness of the profession. Students require opportunities for learning how to develop collaborative and respectful relationships with Indigenous peoples (IAHA, 2015; Zubrzycki et al., 2014). Practical experience and placements are a necessary component of this training (Department of Health, 2014).

The AIPEP data suggested that a wide range of experiences are available to provide WIL opportunities: within the classroom, in placements, or in other related workplace-based opportunities. In addition, it is important to realise that it is not only Indigenous-specific services that provide an opportunity for learning about Aboriginal and Torres Strait Islander issues. For example, a student may be asked to reflect on the cultural safety of a generic service. In fact, Indigenous-specific services are limited in their capacity to provide placement opportunities and may also be hesitant to take on students who may, even unintentionally, compromise the cultural safety of the service. It is therefore recommended that all avenues for building work capabilities be utilised, rather than relying solely on experiences with Aboriginal and Torres Strait Islander communities or organisations. Further examples of WIL activities from first to fourth year level are outlined in Table 2.

Participants in the AIPEP research stressed that before engaging in any workplace related program with Aboriginal and Torres Strait Islander peoples and communities, it is essential that students develop the fundamental knowledge, skills and values to ensure cultural safety for the people they are working with. Students who do not, for example, recognise the value of Aboriginal and Torres Strait Islander peoples, who express racist attitudes towards Aboriginal or Torres Strait Islander peoples, or who are not able to listen actively and engage respectfully should not be placed in direct contact positions. Further, all efforts should be made to address these issues prior to course completion.

Table 2. Examples of WIL in the four-year undergraduate psychology degree

First year	Learn how organisations work with Aboriginal and Torres Strait Islander grief and loss, such as the Healing Foundation and Link-Up
	Identify the key factors that contribute to the disadvantage experienced by Aboriginal and Torres Strait Islander peoples and communities at each of the life stages, along with the key protective factors
Second and Third years	Critique the validity of a psychological assessment instrument and discuss its application in Aboriginal and Torres Strait Islander communities
	Evaluate a case study of a program or service developed by an Aboriginal and/or Torres Strait Islander service or community
	Volunteer with Aboriginal and Torres Strait Islander peoples (for example, midnight basketball, breakfast club or homework club)
	Engage in a cultural immersion experience. For example, a camp where time is spent in country with Aboriginal or Torres Strait Islander Elders or cultural guides learning about local Aboriginal or Torres Strait Islander cultures, history and contemporary issues. (Please note, cultural immersion experiences can be applied to urban settings and are potentially more important for city-based higher education institutions.)
	Write an ethics application for a research project that incorporates the APS Ethical Guidelines for the Provision of Psychological Services for, and the Conduct of Research with, Aboriginal and Torres Strait Islander People of Australia (2015) and understand the key principles of conducting research with Aboriginal and Torres Strait Islander peoples based on this document and the NHMRC Guidelines Values and Ethics – Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research (2003)
	Complete a case study on addressing disadvantage at one of the life stages. Consider the available resources that could facilitate resilience
Fourth year	Complete a work placement in a health service to assist in developing or evaluating a program, or applying for funding
	Undertake volunteer work in an Aboriginal or Torres Strait Islander community to identify and develop effective strategies for community action
	Reflect on a work placement experience in a generic service from the perspective of Aboriginal and Torres Strait Islander service users
	In collaboration with an Indigenous service, design a project that develops the core skills of staff in areas such as engagement, Dadirri (deep listening), and Indigenous governance
	Review and critique a service or government policy and practice standards from an Indigenous perspective
	Complete a work placement within an Indigenous service
	Complete a work placement in a service with a large number of Aboriginal and/or Torres Strait Islander clients
	Volunteer with an Aboriginal or Torres Strait Islander community to design, prepare, implement, and evaluate a program to address disadvantage at one of the life stages (for example, maternal nutrition).

Mentoring and support

In formal placement programs a supervisor must be appointed to maintain contact with a student, provide a sounding board and support them with the challenges related to applying theoretical knowledge to real-life situations and adjusting to workplace culture. Students involved in Aboriginal and Torres Strait Islander WIL or experiential placements should be well-supported by a supervisor with insight and skills to assist in self-reflection and reflexivity.

A cultural mentor may also be identified to support and guide the student. The contribution of this knowledge and expertise maximises the skills, values and knowledge that the student will gain. However, people who are willing to provide such support are often under-resourced, and the burnout rate is high. This is particularly true in rural and remote regions. It is important to recognise this and ensure that mentors are well-supported. Further, this role should not fall solely on Aboriginal and Torres Strait Islander practitioners within health services. A cultural mentor may be, for example, an Aboriginal and/or Torres Strait Islander psychologist, a non-Indigenous psychologist, an Aboriginal and/or Torres Strait Islander mental health professional in a different field, or an Aboriginal and/or Torres Strait Islander community representative. Cultural mentoring should be given the same recognition as clinical supervision and mentors should be appropriately remunerated for their services.

Regardless of work placement opportunities, it should be acknowledged that graduates entering the workforce are still learning. Any training obtained as part of the degree is a starting point.

Acquiring cultural capabilities is a journey, not an end point. Further responsiveness and specific competencies will be developed when graduates enter the workplace, regardless of their prior training. Therefore, graduate and undergraduate students require support to nurture their knowledge, values and skills to work effectively with Aboriginal and Torres Strait Islander peoples. Supervision, mentoring, formal and informal learning opportunities and work practice all contribute to ongoing professional development. However, the capability to work across

cultures is a core professional requirement. Therefore, individuals may need to establish their own support networks to facilitate professional development in this area.

Partnership and collaboration

Partnership and collaboration create opportunities for two-way learning and mutual benefit. Aboriginal and Torres Strait Islander organisations and communities should be approached to determine their willingness and capacity to collaborate with schools and departments in the development of WIL programs. Wherever possible, schools and departments should work in partnership so that Aboriginal and Torres Strait Islander peoples and organisations are included in the design and objectives of WIL programs, including placements. Engagement and collaboration must follow the principles of respect, reciprocity, equality and accountability.

It is recommended that there is a written agreement between the higher education institution, the organisation and the student about learning objectives, and also about what the student is able to do. Regular review and evaluation of progress towards these objectives is important to ensure that both the student and organisation benefit from the placement. It further ensures that the organisation recognises the student's skills and gains benefit from their placement. It is important that the student has an opportunity to identify what they don't know and what options are available to develop skills and knowledge. As with any area of the curriculum, Aboriginal and Torres Strait Islander peoples should be involved in all steps of WIL, from designing WIL opportunities through to the evaluation of individual placements and the program itself.

Section 5. References

- Allied health – *Stating our intent to improve Aboriginal and Torres Strait Islander health and wellbeing* (2014, March). Statement of intent between Indigenous Allied Health Australia (IAHA), Allied Health Professions Australia (AHPA) and its Member Organisations and Affiliates. Retrieved from: http://iaha.com.au/wp-content/uploads/2014/05/IAHA_AHPA_AGREEMENT_A2_Signed.pdf
- Australian Council of Social Services (ACOSS). (1997). *Statement of apology and commitment to the stolen generation of Aboriginal children*. Retrieved from: <http://www.psychology.org.au/Assets/Files/ACOSS-1997-Apology.pdf>
- Australian Health Ministers' Advisory Council (AHMAC). (2015). *Aboriginal and Torres Strait Islander health performance framework 2014 report*. Canberra: AHMAC. ISBN: 978-1-925237-43-6. Retrieved from: <http://www.dpmc.gov.au/indigenous-affairs/publications/hpf>
- Australian Human Rights Commission. (1997). *Bringing them home: National inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*. Sydney, NSW: Commonwealth of Australia. ISBN: 0 642 26954 8. Retrieved from: <http://www.humanrights.gov.au/publications/bringing-them-home-report-1997>
- Australian Institute of Health and Welfare (AIHW). (2010). *National best practice guidelines for collecting Indigenous status in health data sets*. Cat. no. IHW 29. Canberra, ACT: AIHW.
- Australian Psychological Society. (2007). *Code of ethics*. Melbourne, Vic: Author. Retrieved from: <http://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf>
- Australian Psychological Society (APS). (2012). *APS reconciliation action plan*. Melbourne: Author. Retrieved from: <http://www.psychology.org.au/reconciliation/APS/>
- Australian Psychological Society (APS). (2016). Ethical guidelines for the provision of psychological services for, and the conduct of research with, Aboriginal and Torres Strait Islander peoples. *Ethical guidelines: Complementing the APS Code of Ethics (Thirteenth Edition)*, pp. 7-14. Melbourne: APS.
- Braunstein, L.A. & Loken, M.K. (2004). Benefits of cooperative education for employers. In R.K. Coll & C. Eames (Eds.), *International handbook for cooperative education: an international perspective of the theory, research and practice of work integrated learning* (pp. 237-245). Boston, MA: World Association for Cooperative Education.
- Coll, R.K. & Zegwaard, K.E. (2007). Perceptions of desirable graduate competencies for science and technology new graduates. *Research in Science and Technology Education*, 24(1) 29-58.
- Council of Australian Governments (COAG). (2008). *National Indigenous Reform Agreement (Closing the Gap)*. Canberra: COAG. Retrieved from: http://www.federalfinancialrelations.gov.au/content/npa/health_indigenous/indigenous-reform/national-agreement_sept_12.pdf
- Department of Health (2010). *National standards for mental health services 2010*. Canberra: Commonwealth of Australia. Retrieved from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/CFA833CB8C1AA178CA257BF0001E7520/\\$File/servst10v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/CFA833CB8C1AA178CA257BF0001E7520/$File/servst10v2.pdf)
- Department of Health. (2013). The National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Canberra: Commonwealth of Australia. Retrieved from: [http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)
- Department of Health (2014). *Aboriginal and Torres Strait Islander health curriculum framework*. Retrieved from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework>

- Dudgeon, P., Milroy, J., Mokak, R. & Stanley, F. (2009, June 1-2). *National roundtable on research on racism towards Indigenous Australians: The Boatshed Racism roundtable declaration*. Perth: University of Western Australia. Retrieved from: <http://www.indigenouspsychology.com.au/Assets/Files/National%20Roundtable%20Declaration.pdf>
- Dudgeon, P., Milroy, H., & Walker, R. (Eds.). (2014). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practices*. Commonwealth of Australia, Barton. ISBN 978-0-9579494-4-7 Online ISBN 978-0-977. Retrieved from: [http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition-\(1\)/](http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition-(1)/)
- Gooda, M. & Dudgeon, P. (2014). *The Elders' report into preventing Indigenous self-harm and youth suicide*. People, Culture, Environment. Retrieved from: <http://bepartofthehealing.org/EldersReport.pdf>
- Harvey, L., & Knight, P. T. (1996). *Transforming higher education*. Bristol, PA: Open University Press, Taylor & Francis.
- Homewood, J., Winchester-Seeto, T., Warburton, W. & Hutchison, J. (2012). Putting theory into practice: Work integrated learning in the undergraduate psychology curriculum. *International Journal of Psychology*, 47 Suppl. (1), 744.
- IAHA (2015). *Cultural responsiveness in action: An IAHA framework*. Deakin: Indigenous Allied Health Australia. Retrieved from: <http://iaha.com.au/policy/cultural-responsiveness/>
- National Aboriginal and Torres Strait Islander Leadership in Mental Health (2015, August 27). *Gayaa Dhuwi (Proud Spirit) Declaration (2015)*. Retrieved from: http://natsilmh.org.au/sites/default/files/gayaa_dhuwi_declaration_A4.pdf
- National Health and Medical Research Council (NHMRC). (2003). *Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research*. Canberra: Commonwealth of Australia. ISBN: 1864962070 (Print); 1864962135 (Online). Retrieved from: <http://www.nhmrc.gov.au/guidelines-publications/e52>
- NSW Ministry of Health. (2012). *The NSW Aboriginal Health plan 2013-2023*. North Sydney: NSW Ministry of Health. <http://www.health.nsw.gov.au/policies/pd/2012/pdf/PD2012-066.pdf>
- Patrick, C. J., Peach, D., Pocknee, C., Webb, F., Fletcher, M., & Pretto, G. (2008). *The WIL (Work Integrated Learning) report: A national scoping study [final report]*. Queensland University of Technology. Retrieved from: <http://eprints.qut.edu.au/44065/1/WIL-Report-grants-project-jan09.pdf>
- Phillips, G. (2015). *Dancing with power: Aboriginal health, cultural safety and medical education*. Unpublished PhD thesis. School of Psychological Sciences, Monash University.
- Psychology Board of Australia (PsyBA), (2013). *Guidelines for 4+2 internship programs for provisional psychologists and supervisors*. Melbourne: PsyBA. Retrieved from: <http://www.psychologyboard.gov.au/documents/default.aspx?record=WD10%2f1283&dbid=AP&checksum=phnX%2fJN0xjDCGC2ESkt6mA%3d%3d>
- Stephenson, J. (1997). *Capability: Education for life and work*. New York: John Wiley & Sons.
- United Nations (2008). *United Nations Declaration on the Rights of Indigenous Peoples*. Retrieved from: http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
- Zubrzycki, J., Bessarab, D., Green, S., Jones, V., Stratton, K., & Young, S. (2014). *Getting it right: Creating partnerships for change*. Sydney: Office for Learning and Teaching.

Note on implementation and review

The AIPEP outcome papers were developed over an 18-month period. Several AIPEP project team members had developed and implemented curriculum modifications and recruitment strategies as part of their higher education institutions' curriculum development or Indigenous education strategy. This experience informed the documents, which were revised in response to extensive iterative consultation including with the AIPEP national reference committee, AIPA, HODSPA, participants

at AIPEP workshops and conference events, and psychology educator 'early adopters'. In terms of road testing the documents, AIPEP members have already used earlier drafts of these documents in supporting psychology educators, and a mechanism for ongoing comments from stakeholders has been put in place. The APS Indigenous Psychology Advisory Group (IPAG) will provide oversight on review of these documents, thus providing ongoing quality control.





Australian
Indigenous
Psychology
Education
Project
(AIPEP)



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**



APS Australian
Psychological
Society