

Culturally safe workplaces for Aboriginal interpreters and health professionals: key findings from an Alice Springs workshop

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Executive summary

This report presents the findings of a workshop organised by Aboriginal leaders working at NT Health and the NT Aboriginal Interpreter Services in collaboration with the Communicate Study team at Menzies School of Health Research.

The workshop was conducted in Alice Springs on 3 December 2025. The workshop aimed to identify the factors that support the social and emotional wellbeing of Aboriginal interpreters and health professionals and to identify the changes required to strengthen culturally safe workplaces and sustain the Aboriginal health workforce focusing on Central Australia, Northern Territory. It brought together Aboriginal Liaison Officers (ALOs) who also provide interpreting services and Aboriginal health professionals from Alice Springs Hospital, and interpreters employed by the NT Aboriginal Interpreter Service in Central Australia.

The workshop found that cultural safety for Aboriginal interpreters and health professionals is closely linked to recognition of cultural authority, inclusion in decision-making and the ability to communicate safely with patients and families. Staff described cultural safety as being recognised as professionals, being listened to and consulted and having cultural knowledge respected rather than overridden by clinical hierarchy. Key barriers included racism, limited appropriate spaces for confidential communication, lack of recognition of cultural obligations within workforce policies and insufficient support for the cultural and emotional load carried by Aboriginal staff. Protective factors included working alongside other Aboriginal staff, inclusion within teams and organisational decision-making and access to locally relevant cultural safety training. Overall, staff emphasised that strengthening cultural safety requires organisational change, including improved infrastructure, recognition of Aboriginal expertise, supportive workforce policies that recognise cultural obligations and clear accountability for culturally unsafe behaviour.

Key Findings

1. Definitions of cultural safety

Staff described cultural safety as grounded in respect, recognition of cultural authority and following community protocols. Quotes below show that cultural safety requires both respect for cultural authority and recognition of Aboriginal staff contributions. The first quote from an interpreter emphasises that culture and language expertise must be considered as essential - not optional - challenging clinical power hierarchies. Crucially, cultural safety is power-aware: it involves shifting authority so that cultural expertise is not overridden by clinical hierarchy. Addressing this power imbalance is the cornerstone of cultural safety, ensuring care is delivered in a way that shares power and affirms culture. The second quote highlights the importance of clinical staff valuing the contributions of Aboriginal staff by embedding and celebrating diverse cultures in the workplace.



- *We have different rules among Aboriginal communities. Culture is not an inconvenience but a need. I am the language professional and they (doctors) need to listen to me* – NT Aboriginal Interpreter Service staff
- *We are happier when people acknowledge our team contribution. Showcase the work we do.* – NT Health staff

2. What harms cultural safety

The barriers to cultural safety experienced by Aboriginal staff included lack of hospital infrastructure to support culturally safe communication and the absence of visible signage acknowledging Country and the enduring Aboriginal connection to the land on which the hospital is located. Ongoing racism was expressed as another barrier, experienced in the form of exclusion from clinical discussions and processes and disregard for cultural authority.

- *ALOs are not being included in wards due to racism - we have tried 3 times and will keep trying* – NT Health staff
- *We are at the back of hospital rather than the front! Where we should be! We need [a] purpose-built building to enable communications. We are sharing the space with another team and there are breaches in confidentiality* – NT Health staff

3. What protects cultural safety

The protective factors identified by staff included being consulted and included as essential professionals within medical teams and in organisation-level decision-making, compulsory cultural safety training for staff that is localised and includes topics such as gender protocols, culturally safe communication with patients and staff and Aboriginal cultures. Working alongside other Aboriginal staff and supporting one another was also described as protective. Equally important, staff identified the need for employment models and leave processes to recognise cultural and kinship obligations as work rights of Aboriginal staff.

- *We have cultural authority (in our own communities) but we can't use it (at work). There is a lot of pressuring patient and family about decision making on treatment or medications.* – NT Aboriginal Interpreter Service staff
- *Should be more leave for people who practice ceremony* – NT Aboriginal Interpreter Service staff

4. What needs to change

First Nations workshop participants identified a need for better support to address the unique burdens, stress and trauma that they experience on a daily basis. There was a desire expressed by workshop participants to increase their own knowledge about their employment rights and benefits.

- *[We] Don't have a way to debrief... We hold worry [for] our staff. We lack understanding on how to help. Especially casuals – Also, no leave for mental health needs* – NT Aboriginal Interpreter
- *We need to understand processes and learn our rights ... if doctor is racist we need to report it so he can be de-registered. So we have the knowledge on how to change behaviour and we must use it* – NT Aboriginal Interpreter Service staff

Staff also identified the absence of clear processes and guidance to report racism, key performance indicators to monitor cultural safety, and training for general staff.

- *Even though it [cultural safety training] is compulsory, only half the staff do it. They should lose their jobs if they don't do it. And some training is delivered by white fella!!* – NT Health staff

Visual signage, such as acknowledgement of Arrernte Country and Aboriginal flags, alongside a more prominent presence of the ALOs office, whose office is at the back of the hospital, were also identified as important to recognise the presence and cultural authority of Aboriginal staff and services in the hospital. Staff reflected on the impact of Territory government action (widely condemned as a act of systemic racism and homophobia) to remove Aboriginal Torres Strait Islanders and diversity flags from NT hospital foyers and other public places in January 2025:

- *We had our flag removed. For us black fellas, we need that belonging and to feel it is our place* – NT Health staff

Key Recommendations for NT Health arising from the workshop

1. Improve infrastructure and visible cultural authority in hospital environments

Install Acknowledgement of Country signage and Aboriginal flags across hospital sites, relocate or improve visibility of Aboriginal Liaison and interpreter services near hospital entrances and clinical areas, and develop purpose-built private spaces for interpreters and Aboriginal staff to ensure confidentiality and culturally safe communication.

2. Strengthen recognition of interpreters, Aboriginal Liaison Officers and Aboriginal health professionals within clinical teams

Interpreters and Aboriginal Liaison Officers should be included in a meaningful way in ward rounds and clinical communication processes. NT health must formally recognise language and cultural expertise as professional skills within role classifications and develop organisational protocols that recognise interpreters and ALOs as communication and cultural safety professionals rather than optional support staff.

3. Mandate locally developed cultural safety training for all staff

Mandate compulsory, locally developed cultural safety training for all NT Health staff in Central Australia, including gender protocols, culturally safe communication, working with interpreters and understanding Aboriginal cultural authority. Training should be delivered by Aboriginal facilitators from the region and completion should be linked to credentialing, performance review and contract renewal.

4. Recognise cultural obligations and cultural work within workforce policies, roles and workloads

Update HR policies and role descriptions so cultural obligations and cultural work are recognised in leave arrangements and workload allocation, rather than being undertaken informally in addition to core duties.

5. Invest in Aboriginal-led social and emotional wellbeing supports for staff

Fund Aboriginal-led staff wellbeing programs, establish regular structured debriefing sessions for Aboriginal staff, and ensure access to culturally appropriate counselling and support services, including for casual staff who currently have limited leave and mental health support.

6. Establish clear processes to document and respond to racism and cultural safety breaches

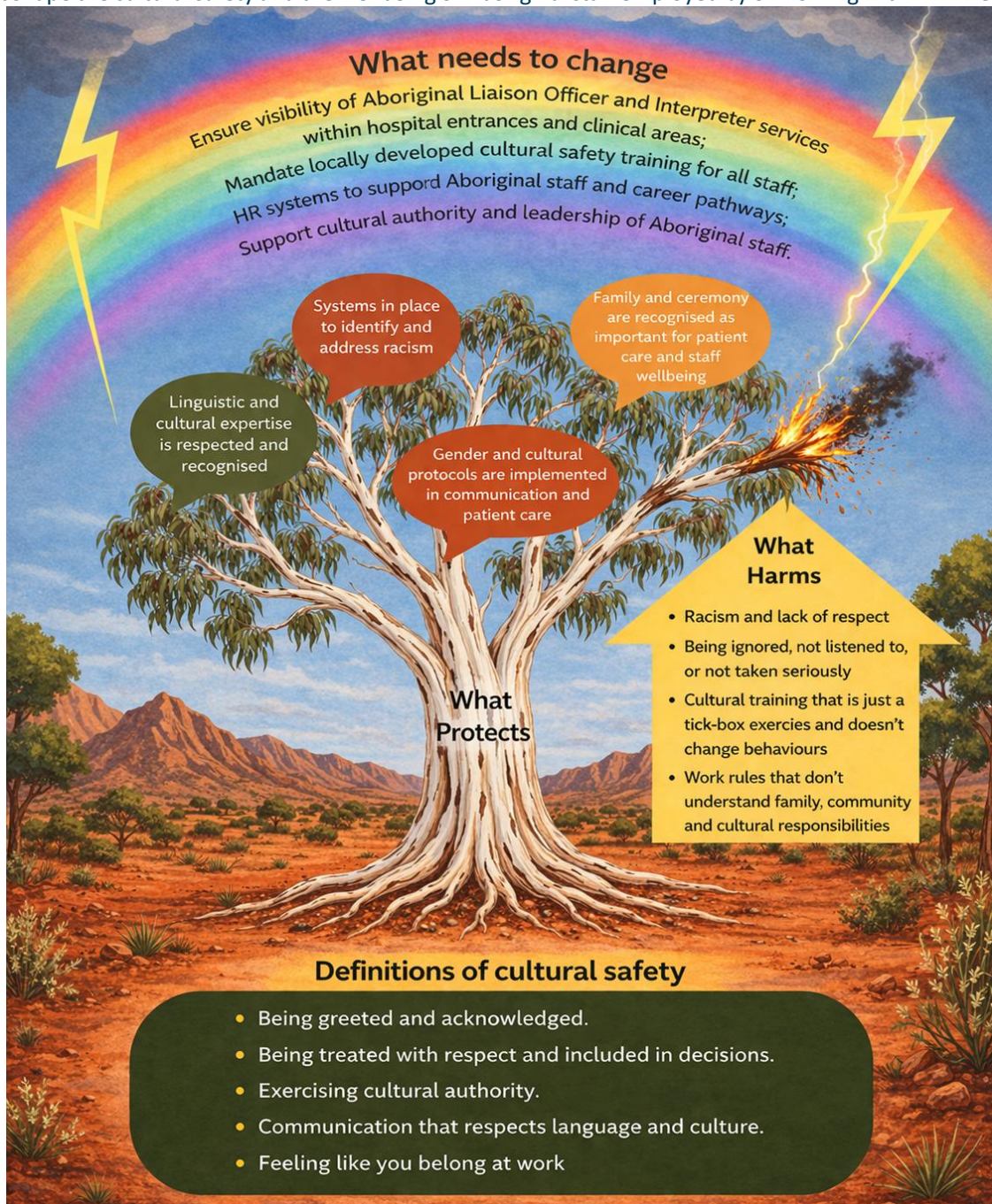
Establish confidential reporting pathways for racism and cultural safety breaches separate from standard HR processes, provide clear written guidance on how staff can report racism, and implement organisational procedures requiring investigation, response and documented outcomes for all reported incidents.

7. Embed cultural safety in executive governance and performance

Formalise cultural safety as a core organisational responsibility by embedding cultural safety KPIs within executive and management performance agreements, establishing Aboriginal governance and advisory structures with decision-making authority, and requiring regular reporting on cultural safety workforce indicators and interpreter engagement.

The [Communicate Study Partnership](#) brings together Menzies School of Health Research, NT Health, NT Aboriginal Interpreter Service, CDU, NAATI and First Nations leaders to drive sustainable organisational change and strengthen cultural and clinical safety in NT Health services. This includes improving the experience and retention of First Nations professionals in NT health services by developing culturally safe workplace strategies.

Image: Tree analogy developed by the research team to illustrate the interconnected factors and structures that shape the cultural safety and the wellbeing of Aboriginal staff employed by or working within NT Health.



Development, funding, facilitation:

The workshop arose in response to priorities articulated by First Nations staff. This workshop was collaboratively designed with Alice Springs First Nations staff, and facilitated by Mr Daniel Fejo, a narrative therapist and Professor Leisa McCarthy, Deputy Director First Nations Engagement and Research Strategy at Menzies School of Health Research. The workshop was held on 3 December 2025, following a similar workshop held in August in Darwin for staff in the Top End. This project was funded by NHMRC Collaborations in Health Services Research Grant 2043995 as part of the Communicate Study Partnership.

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