



CATSINaM

National Summit on Cultural Safety in Nursing and Midwifery: Background paper

Cultural safety is of central importance to CATSINaM. We know how critical it is in closing the considerable gap that exists in:

- the health workforce representation of Aboriginal and Torres Strait Islander Australians (representation in the nursing and midwifery workforce ranges between 0.8 - 0.9% based on recent AIHW statistics)
- both quality of life and life expectancy for Aboriginal and Torres Strait Islander Australians (the contemporary ABS calculations indicate it is ~10 years less than for non-Indigenous Australians).

We are not alone in promoting greater understanding of cultural safety among non-Aboriginal people and organisations, as well as encouraging them to strengthen their work in planning, implementing and monitoring strategies to improve cultural safety. This is a shared concern for many Aboriginal organisations at national, jurisdictional and local levels that are being increasingly active in advocating on cultural safety, as well as developing related resources, guidelines or standards.

CATSINaM has formalised our stance on cultural safety in a policy position statement, which we have attached (also available at our website <http://catsinam.org.au/?page_id=495>). Our hope is that through our combined efforts, the strategies recommended for the different stakeholders outlined in the policy position statement will be implemented in full. Further, that when we review our collective efforts, we have evidence that there has been meaningful and sustained positive change in the lives of Aboriginal and Torres Strait Islander Australians.

CULTURAL SAFETY AND RELATED CONCEPTS

A direct response to ‘What is cultural safety?’ in both conceptual and practical terms will be explored in greater detail at the Summit. It is important to note that there has been discussion and training focused on the recognition and integration of Aboriginal cultures and Torres Strait Islander cultures within contemporary health practice for close to three decades. Different language has emerged over time as we have developed different concepts and approaches to understanding how this needs to occur.

A useful background document to read in preparation for the Summit presentations and discussions is the attached ‘CATSINaM Cultural Terms’ (2013) resource, which includes a comparison of the different concepts in terms of their key points, utility and outcome.

CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

5 Lancaster Place, Majura Park 2609 | Phone: 0427 896 446 | Email: catsinam@catsinam.org.au | Web: catsinam.org.au

Unity and Strength through Caring

All terms included in this resource are important to understand and most have ongoing relevance. CATSINaM chooses to focus on **cultural safety** because the presence or absence of racism, and the presence or absence of cultural safety, are experiences that can only be defined by Aboriginal and Torres Strait Islander clients, regardless of whether health practitioners believe they are demonstrating cultural respect within their practice. It is also a term that has developed in the context of First Nations peoples.

ADVOCACY FOR CULTURAL SAFETY WITHIN THE HEALTH SECTOR

It is not possible to provide a comprehensive overview of all documents in the health sector that highlight and advocate for cultural safety as a critical consideration in relation to the health workforce and health system. However the following are notable:

National Aboriginal and Torres Strait Islander Health Council, 2008, *A blueprint for action: pathways into the health workforce for Aboriginal and Torres Strait Islander People*, Commonwealth of Australia, Canberra.

This seminal report was commissioned to address how participation of Aboriginal and Torres Strait Islander Australians can be maximised in the workforce through both recruitment and retention strategies. The definition of cultural safety that it adopted was “institutional reform processes that support making an organisation more respectful and safe for Aboriginal and Torres Strait Islander people” (p. x). Its recommendations emphasised the need for more concerted efforts to recruit and retain Aboriginal and Torres Strait Islander health staff, culturally safe learning environments, culturally safe working environments, and professional development in cultural safety for non-Indigenous staff in VET/universities and health services.

Aboriginal and Torres Strait Islander Health Workforce Working Group, 2011, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011-2015)*, Canberra, Commonwealth of Australia.

All states and territories are signatories to this national document. While it did not use the term ‘cultural safety’ specifically, it did include strategies that require dedicated efforts to enhance cultural safety at an institutional and individual level.

First, “1.1 Implement initiatives and actions to increase the numbers of Aboriginal and Torres Strait Islander peoples entering the health workforce across all levels” (p.11) and “1.2 Implement initiatives to create sustainable long-term employment and optimise the retention of Aboriginal and Torres Strait Islander peoples in the health workforce” (p. 12) as part of ‘Key Performance Area 1: Participation of Aboriginal and Torres Strait Islander peoples in the health workforce’. Second, through providing “education and training to the potential and current health workforce that reflects current, accepted approaches to health service delivery for Aboriginal and Torres Strait Islander peoples” (p. 12) as part of ‘Key Performance Area 3: Competent health workforce to meet the needs of Aboriginal and Torres Strait Islander peoples’.

National Aboriginal Community Controlled Health Organisation 2011, *Creating the NACCHO Cultural Safety Training Standards and Assessment Process: a background paper*, NACCHO, Canberra, <<http://www.naccho.org.au/promote-health/cultural-safety/>>.

This background paper provides a helpful overview of many issues relevant to cultural safety and cultural safety training, including: concepts and meanings, cultural safety and respect as a human right, racism and cultural safety, good practice in cultural safety training, and organisation strategies that complement training to achieve improved cultural safety at an institutional and individual level.

AIDA, 2013, *Position paper: Cultural Safety for Aboriginal and Torres Strait Islander doctors, medical students and patients*, AIDA, Canberra.

AIDA's position is similar to CATSINaM's. They see that strengthening cultural safety is a shared responsibility between educational institutions, national peak bodies and health services, as well as government and individual non-Indigenous medical practitioners.

EXAMPLE OF ISSUES TO ADDRESS

ANMAC: To date, it has not been possible to achieve a consistent approach by ANMAC to the inclusion of cultural safety as part of accreditation standards regarding content on 'Aboriginal and Torres Strait Islander history, health, wellness and culture' across all four sets of standards. For example, the criteria for 'Standard 5: Curriculum Content' of the 2009 **Nurse Practitioner** Accreditation Standards includes a statement that the "the curriculum addresses specifically Aboriginal and Torres Strait Islander People's health and culture and incorporates the principles of cultural safety" (p. 14). The same approach is in the 2009 **Enrolled Nurses** Accreditation Standards under 'Standard 5: Course Content'.

However, this emphasis has been lost in other standards that have been developed since this time. In the Draft Version 1 Midwifery Accreditation Standards (identified as 'current' on the ANMAC website), Standard 4.7 only talks about including content on "Aboriginal and Torres Strait Islander people's history, health, wellness and culture" (p. 7). While there is a generic reference to cultural respect and safety in Standard 4.6 regarding content that gives "students an appreciation of the diversity of Australian culture" (p. 7), this leads to the misguided approach of subsuming cultural safety for Aboriginal and Torres Strait Islander Australians under multiculturalism or national cultural diversity. The same approach is taken in the 2012 **Registered Nurse** Accreditation Standards.

Universities: Through Professor Roianne West's analysis of university nursing schools' data over 2004-2008, there was consistently a 28% lower completion rate for Indigenous versus non-Indigenous students in pre-registration nursing courses. CATSINaM are currently undertaking work to look at whether there has been any change over the 2009-2013 period.

IN SUMMARY

Our task is to ensure that cultural safety is well known and understood across the breadth and diversity of the nursing and midwifery profession, and, most critically, these concepts and practices are fully implemented. The Summit is designed to support us in this endeavour.