



Cultural Safety Position Statement

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) was founded in 1997. It is the national peak body that represents, advocates and supports Aboriginal and Torres Strait Islander nurses and midwives at a national level. We are a membership-based organisation and are governed by a nationally elected Aboriginal and Torres Strait Islander Board.

We believe that nurses and midwives are the backbone of the Australian health system and play a pivotal role in providing culturally safe health services to Aboriginal and Torres Strait Islander communities. As nurses and midwives often work in frontline positions, their capacity to do this effectively is critical.

Two strategic directions for CATSINaM are to strengthen our effectiveness in advocating on behalf of Aboriginal and Torres Strait Islander nurses and midwives and supporting the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery. Cultural safety is integral to pursuing both of these directions.

Cultural safety is viewed by CATSINaM as the final step on a continuum of nursing and/or midwifery care that includes cultural awareness, cultural sensitivity, cultural knowledge, cultural respect and cultural competence. Cultural safety is the recipient's own experience and cannot be defined by the caregiver. CATSINaM advocates on behalf of Aboriginal and Torres Strait Islander peoples by promoting a framework of cultural safety to inform attitudes and behaviours in the provision of care by health professionals to Aboriginal and Torres Strait Islander individuals and communities, so individuals and their families feel culturally secure, safe and respected. To achieve this state, cultural safety must be embedded in every aspect of nursing and midwifery practice.

Our position

1. CATSINaM affirms that Aboriginal and Torres Strait Islander Australians have the right to live a healthy, safe and empowered life with strong connections to culture and country.
2. CATSINaM believes that Aboriginal and Torres Strait Islander Australians are more likely to seek access to health care, and achieve better health outcomes by accessing services that are respectful and culturally safe places.

3. CATSINaM considers that a lack of cultural safety and institutional racism are barriers to the recruitment and retention of Aboriginal and Torres Strait Islander students and graduate nurses and midwives.
4. CATSINaM supports the Nursing and Midwifery Board of Australia's Code of Ethics for Nurses (2008) and Code of Ethics for Midwives (2008) which articulates the inextricable link and operational relationships between human rights and health as shaping the outcomes of care provided to Aboriginal and Torres Strait Islander Australians.

We resolve to:

1. Advocate for mandatory Aboriginal and Torres Strait Islander content on health, history and culture, and on cultural safety in:
 - all education and training programs leading to nursing and/or midwifery registration and/or nursing or midwifery endorsement
 - approved continuing professional development and lifelong learning activities for the purposes of meeting mandatory continuing education requirements by the Nursing and Midwifery Board of Australia.
2. Advocate for enhanced Aboriginal and Torres Strait Islander content relating to health, history, culture and cultural safety in future reviews of all accreditation standards leading to nursing or midwifery registration, or endorsement in order to instil cultural safety in practice.
3. Advocate for and provide advice to health industry providers and other key stakeholders on creating culturally safe working environments for Aboriginal and Torres Strait Islander nurses and midwives.
4. Work in partnership with relevant stakeholders such as Commonwealth and state/territory Chief Nurses, nursing and midwifery professional colleges and associations, industry leaders, education providers, clinical educators and clinicians in the development of educational and/or promotional materials that advance Aboriginal and Torres Strait Islander peoples' health, and the social and emotional wellbeing of Aboriginal and Torres Strait Islander nurses and midwives.
5. Actively engage with education providers, nursing and midwifery professional colleges and associations, and relevant industry leaders in developing, publishing, distributing and promoting an academically rigorous interpretative guide for teaching and learning Aboriginal and Torres Strait Islander history, health and culture in nursing and midwifery programs, that will instil cultural safety in practice.

We recommend that:

1. Nursing and midwifery undergraduate and postgraduate program providers and continuing professional development providers:

- actively engage with Aboriginal and Torres Strait Islander communities and their representatives in curriculum planning and review committees
 - adopt an affirmative action approach to the recruitment of Aboriginal and Torres Strait Islander students and staff
 - ensure their curricula meets the Australian Nursing and Midwifery Accreditation Council standards regarding inclusion of the “Aboriginal and Torres Strait Islander peoples’ history, health, wellness and culture”, including cultural safety
 - advocate for the establishment of a ‘Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN), and actively support and engage with its activities.
2. Australian, state and territory health departments:
- provide funding to support the development and use of history, health, culture and cultural safety teaching resources;
 - fund continuing professional development programs on cultural safety for all staff
 - require their funded organisations to provide evidence of culturally safe health service environments and experiences for Aboriginal and Torres Strait Islander clients and staff.
3. Nursing and midwifery professional colleges and associations:
- actively identify and address the needs of their Aboriginal and Torres Strait Islander members
 - engage with relevant Aboriginal and Torres Strait Islander health organisations in addressing their members’ needs
 - advocate for the establishment of a ‘Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN).
4. Health industry providers (government and non-government):
- fund continuing professional development programs on cultural safety for all staff
 - develop and support strategies that enhance the cultural safety of Aboriginal and Torres Strait Islander nurses and midwives
 - advocate for the establishment of a ‘Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN).

Background

The importance of cultural safety and cultural respect in the delivery of health services have a basis in international human rights, as described in Articles 21, 23, 24, and 29 in the United Nations Declaration on the Rights of Indigenous Peoples.¹ Within Australia there have also been several reports that refer to the link between positive health and employment outcomes for Aboriginal and Torres Strait Islander Australians and the presence of cultural safety and absence of racism.^{2, 3, 4, 5}

There has consistently been confusion with terminology relating to cultural safety, such as cultural sensitivity, cultural knowledge, cultural respect and cultural competence. However, the nursing and midwifery literature identifies that cultural safety is the final step on a continuum in which systemic change occurs within an organisation or service, and individual health workers develop awareness of their own identity and how this impacts on care provision for Aboriginal and Torres Strait Islander peoples.⁶

Although Aboriginal and Torres Strait Islander peoples are culturally, linguistically and ethnically diverse, most share a holistic understanding of 'health' which differs from the definitions commonly adopted in Australian health institutions. The National Aboriginal Health Strategy (NAHS, 1989) defines Aboriginal health as:

... not just the physical well-being of an individual but... the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.⁷

¹ United Nations 2007, *Declaration on the Rights of Indigenous Peoples*, viewed 28 January 2014, <<http://www.un.org/esa/socdev/unpfii/en/declaration.html>>.

² Queensland Government 2010, *Aboriginal and Torres Strait Islander cultural capability framework 2010–2013*, viewed 28 January 2014, <www.health.qld.gov.au/atsihealth/documents/cultural_capability.pdf>.

³ Australian Indigenous Doctors' Association 2013, *Cultural safety for Aboriginal and Torres Strait Islander doctors, medical students and patients*, viewed 28 January 2014, <<http://www.aida.org.au/policypapers.aspx>>.

⁴ SA Department of Health 2008, *Aboriginal Nursing and Midwifery Strategy, 2008-2011*, Government of South Australia, viewed 28 January 2014, <www.nursingsa.com/pdf/Office/Aboriginal_NM_Strategy.pdf>.

⁵ Dockery, AM 2009, *Cultural dimensions of Indigenous participation in education and training*, NCVET Monograph Series 02/2009, National Centre for Vocational Education Research, Adelaide.

⁶ Downing, R, Kowal, E Paradies, A 2011, 'Indigenous cultural training for health workers in Australia'. *International Journal for Quality in Health Care*, vol. 23, no. 3, pp. 247–257.

⁷ National Health Strategy Working Party 1989, *A National Aboriginal Health Strategy*, Department of Aboriginal Affairs, Canberra.

Whilst there has been considerable investment in improving health outcomes and life expectancy for Aboriginal and Torres Strait Islander Australians since the signing of the National Partnership on Closing the Gap in Indigenous Health Outcomes in December 2008, evidence indicates that the current health system continues to inadequately address cultural safety issues both for those who access health services,⁸ and for Aboriginal and Torres Strait Islander student and graduate nurses and midwives undertaking clinical placements or employed within the health system.⁹

The lived experience of cultural safety and cultural respect in health settings can be described at individual and institutional levels. Individually it is the absence of racism and/or discrimination perpetrated by individual health workers against Aboriginal and Torres Strait Islander patients or staff. Institutionally, it is the absence or at least countering of institutional racism; institutional racism occurs when organisational policies and practices do not reflect or consider the cultural values, meanings and protocols of Aboriginal and Torres Strait Islander Australians.¹⁰ NACCHO notes that “services that are not Aboriginal community-controlled, by definition, cannot deliver culturally appropriate primary health care. However, services that are not Aboriginal community-controlled can be encouraged to deliver healthcare that is culturally secure”.¹¹

In order to achieve health service environments that are culturally safe for Aboriginal and Torres Strait Islander patients and staff, cultural safety training programs and resources that target all health workers are being implemented around Australia.¹² For example, the NACCHO Cultural Safety Training Standards have set a national benchmark for what constitutes cultural safety training.¹³ In addition, Aboriginal and Torres Strait Islander organisations, including CATSINaM, are actively promoting and supporting the input of Aboriginal and Torres Strait Islander health professionals and experts into the development of national nursing and midwifery standards, mandatory inclusion of Aboriginal and Torres Strait Islander content on health, history, culture and cultural safety in course and program curricula^{14, 15} and the development of a range of resources to support and promote cultural safety and respect.^{16, 17}

⁸ Australian Indigenous Doctors' Association. *op cit.*

⁹ Allen, J 2010, 'Improving cross-cultural care and antiracism in nursing education: a literature review', *Nurse Education Today*, vol. 30.

¹⁰ National Aboriginal Community Controlled Health Organisation 2011, *Creating the NACCHO Cultural Safety Training Standards and Assessment Process: a background paper*, NACCHO, Canberra, viewed 6 February 2014, <<http://www.naccho.org.au/promote-health/cultural-safety/>>.

¹¹ National Aboriginal Community Controlled Health Organisation 2009, Submission to the Australian Government paper, 'Towards a National Primary Health Care Strategy', cited in *ibid.*

¹² Australian Indigenous Doctors' Association, *op cit.*

¹³ NACCHO, *op cit.*

¹⁴ Health Workforce Australia 2011, *Growing our future: the Aboriginal and Torres Strait Islander Health Worker Project Final Report*, HWA, Adelaide.

¹⁵ Australian Nursing Federation and Royal College of Nursing, 2006, *Joint position statement:*

Indigenous Australian people and nursing education, viewed 4 February 2014, <www.anf.org.au>.

¹⁶ CATSINaM 2013, *Strategic Plan 2013 – 2018*, viewed 6 February 2014, <<http://catsinam.serv-dpr-remote1.com/wp-content/uploads/2014/04/CATSIN0006-Strategic-Plan-WEB.pdf>>.

¹⁷ Indigenous Nurses Working Group, 2002, *gettin em n keepin em: report of the Indigenous Nursing Education Working Group*, Department of Health and Ageing, Canberra.