

## **Speech by Professor Tom Calma AO**

### **LINMEN Networking Dinner**

#### **Leaders in Indigenous Nursing and Midwifery Education Network**

**7pm, Wednesday 4 April 2018**

**Sutherland Room, Holme Building, The University of Sydney**

### **Acknowledgements**

I would like to acknowledge the traditional owners of the land on which we meet; the Gadigal people of the Eora Nation, and pay my respects to elders past and present.

I would also like to acknowledge other Aboriginal and Torres Strait Islander people here tonight and our young people who are our future leaders, the custodians of our stories, languages, cultures and histories.

It is important that we listen to and learn from our youth as they think, learn and communicate differently from us and the last census tells us that 63% of our Indigenous population are under 30 and 49% are under 20 years old.

Let me at the outset congratulate you all on your commitment to LINMEN and for being here tonight.

I had the honour of speaking at the very first cultural safety summit hosted by CATSINaM in 2014 where the idea of a Leaders in Indigenous Nursing and Midwifery Education Network was first discussed in detail.

And so, it is especially good to be here at the first networking dinner for the newly established LINMEN.

### **Background**

I've been asked to begin by telling you a little of my story because we hope it will demonstrate to you why initiatives such as LINMEN are so important to me.

I began my career as a mature aged student studying social work in Adelaide in 1977. In the early 1970s there were only 18 known Aboriginal and Torres Strait Islander students studying at universities across Australia. The path having only been recently opened by leaders like Dr Margaret Williams - Weir, the first known Aboriginal person to graduate from university in 1959 and Charlie Perkins at this university, in 1965.

From this beginning in social work, my career focused on education and training in policy and practice, both here and overseas. In 1980 I helped set up and subsequently headed the Aboriginal Task Force in Darwin, a second chance pre-tertiary education programme at the Darwin Community College. I later established the Australian Education Office at the Australian High Commission in New Delhi, India in 1995. I also established Australian education offices in

Mumbai, Islamabad, Kathmandu and Colombo and worked in Vietnam as an Australian diplomat from 1998 - 2002.

In 2004, I commenced as the Aboriginal and Torres Strait Islander Social Justice Commissioner and Race Discrimination Commissioner in what were particularly challenging times in Australian race relations and Indigenous affairs. It was the time of the Cronulla race riots, the abolition of the Aboriginal and Torres Strait Islander Commission or ATSIC and the Northern Territory *Intervention*.

In the face of these challenging and difficult times, in 2005 I decided to focus my annual Social Justice Report to the Australian Parliament on something that is fundamental to all our lives – health.

The Report considered progress in achieving improvements in the health status of Aboriginal and Torres Strait Islander peoples and set out a human rights framework for achieving health equality within a generation.

It documented the devastating health status of Aboriginal and Torres Strait Islander peoples and shone a light on the then 17 year life expectancy gap.

This was the beginning of the Close the Gap campaign to achieve Indigenous health equality within a generation – A campaign that is still going today without government support. The Campaign boast membership of nearly all major Indigenous and non Indigenous health peak bodies and human rights groups in Australia.

In 2014, I was appointed Chancellor of the University of Canberra – only the second Aboriginal person to be appointed as a Chancellor of an Australian university. Dr Pat O'Shane, Chancellor of the University of New England from 1995 to 2003 was the first.

My career reflects my great belief in education as a vaccine against poverty and health as a fundamental human right for us all.

I believe that universities are fundamental to driving social change and university communities have a key role to play in healing our relationship with Aboriginal and Torres Strait Islander peoples and creating opportunities for our First Peoples. These efforts from universities need to be based on respectful and empowering partnerships with Aboriginal and Torres Strait Islander people.

So, I hope you can now see why I am very happy to be here tonight to talk to you about your role within universities, and the education of our future nurses and midwives. You are at the coalface of the fundamental building blocks for healthy and prosperous lives of our people – health and education.

From my experience, what works for our people to achieve these goals is a human rights-based approach that includes the social determinants of health and cultural safety.

### **Racism and health**

Let me briefly provide a context for why we need this approach.

Many Australians, including our politicians, find it difficult to accept that racism exists in this country.

Aboriginal and Torres Strait Islander people do not have the privilege of holding this false belief, for we see it, feel it and hear it every day.

Racism is a common experience for us – and there are many studies that provide evidence to support this statement.

A study conducted in Victoria, involving 755 Aboriginal Victorians found that 97 per cent of those surveyed had experienced racism in the previous 12 months and more than 70 per cent had experienced eight or more racist incidents.<sup>1</sup>

The 2016 Australian Reconciliation Barometer by Reconciliation Australia, an organisation of which I am co-chair, found that almost half of Aboriginal and Torres Strait Islander Australians, or 1 in 2, reported experiencing at least one form of racial prejudice in the last six months. This was up from 1 in 3 in the previous survey in 2014.<sup>2</sup>

And the latest National Aboriginal and Torres Strait Islander Social Survey conducted by the Australian Bureau of Statistics found that 1 in 3 Aboriginal and Torres Strait Islander people felt that they had been treated unfairly at least once in the previous 12 months because they were of Aboriginal or Torres Strait Islander origin.<sup>3</sup>

These experiences of racism have serious impacts on our lives and especially our physical and mental health.

Science is increasingly telling us this. Over the past two decades research examining the impact of discrimination on mental and physical health has consistently found associations between exposure to discrimination with mental disorders and poorer physical health.<sup>4</sup>

This research is becoming more and more sophisticated with a study published in the International Journal of Behavioral Medicine suggesting that there may be identifiable cellular pathways by which racial discrimination amplifies cardiovascular and other age-related disease risks.<sup>5</sup>

The study of epigenetics is also revealing that exposure of a mother to traumatic or adverse events will affect the chromosomes of the unborn child.<sup>6</sup>

The research on the health effects of racism is strong but perhaps the most undeniable evidence is that of real and recent events here in Australia.

Take Dr G Yunupingu and his experience in Darwin Hospital just before his death last year.

A world renown musician, Dr G died in Darwin Hospital from internal bleeding. Dr G's manager later told ABC radio that he believed life-saving treatment was delayed because staff assumed his liver damage was the result of alcohol abuse rather than the chronic hepatitis B infection he had since he was a child.

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<sup>1</sup> Ferdinand, A., Paradies, Y. & Kelaher, M. 2013, Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities, Summary Report, The Lowitja Institute, Melbourne, p. 2.

<sup>2</sup> Reconciliation Australia, 2016 Australian Reconciliation Barometer – Full report. p.18. Available: [https://www.reconciliation.org.au/wp-content/uploads/2017/11/RA\\_ARB-2016\\_-Full-report\\_FINAL-1.pdf](https://www.reconciliation.org.au/wp-content/uploads/2017/11/RA_ARB-2016_-Full-report_FINAL-1.pdf)

<sup>3</sup> Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15. Key findings – social networks and wellbeing. Available: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0>

<sup>4</sup> Lewis, T., Cogburn, C. & Williams, D. 2015. Self-reported experiences of discrimination and health: Scientific Advances, Ongoing Controversies and Emerging Issues. Annual Review of Clinical Psychology. Vol.11:407-440. Available: <https://www.annualreviews.org/doi/full/10.1146/annurev-clinpsy-032814-112728>

<sup>5</sup> Sarah L. Szanton, Joseph M. Rifkind, Joy G. Mohanty, Edgar R. Miller, Roland J. Thorpe, Eneka Nagababu, Elissa S. Epel, Alan B. Zonderman, Michele K. Evans. Racial Discrimination Is Associated with a Measure of Red Blood Cell Oxidative Stress: A Potential Pathway for Racial Health Disparities. *International Journal of Behavioral Medicine*, 2011; DOI: [10.1007/s12529-011-9188-z](https://doi.org/10.1007/s12529-011-9188-z) and <https://www.sciencedaily.com/releases/2011/09/110914122315.htm>

<sup>6</sup> <http://www.abc.net.au/news/science/2017-04-21/what-does-epigenetics-mean-for-you-and-your-kids/8439548>

And the tragic case of Ms Dhu in Western Australia again shows that when health professionals and systems are unsafe for Indigenous people the outcomes can be fatal.

In this case, the coroner found that Ms Dhu's medical care was "deficient" and that both the police and hospital staff were influenced by preconceived notions about Aboriginal people.

Linking these experiences to the health care outcomes for our people, we can begin to see how critical it is to embed cultural safety throughout our health system and the education of our health professionals.

Embedding cultural safety into our health system will have a direct impact on improving the poor health outcomes of Aboriginal and Torres Strait Islander Australians.

And strong partnerships, like LINMEN, based on sharing information, experience and expertise can be a steadying hand that guides this positive change.

### **Cultural safety and LINMEN**

The goal of LINMEN is to be a dynamic and collaborative network that supports nursing and midwifery educators to provide the highest quality education and training on cultural safety and Aboriginal and Torres Strait Islander health, history and culture.

By focusing on embedding cultural safety into the education and training of future nurses and midwives, LINMEN will contribute to graduating nurses and midwives who are better prepared to provide culturally safe health services to Aboriginal and Torres Strait Islander people.

Let us remember that cultural safety is a philosophy of practice that is about *how* a health professional does something, not simply *what* they do.

Cultural safety is about having knowledge of one's own culture, values, attitudes, assumptions and beliefs.

It is about being aware of our racial discourse, and our unconscious bias. It is an awareness of our attitudes and where these attitudes come from; And how these pre-conceptions can be unlearned if they exist or healthy attitudes reinforced and celebrated.

Through this approach cultural safety focuses on systemic and structural issues and the social determinants of health.

It includes regard for the physical, mental, social, spiritual and cultural characteristics of the client and the community.

Cultural safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of peoples' unique needs – and is respectful of difference.

This is a critical shift from the thinking that health professionals should treat everyone the same.

These actions are a means to challenge or eradicate the racism that destroys our lives and for our people to establish trust and respect in their health care encounters.

For Indigenous health, cultural safety provides a decolonising model of practice based on

- dialogue,
- communication,
- power sharing and negotiation,
- and the acknowledgment of white privilege.

When health services are culturally safe, they are more likely to be accessed by Aboriginal and Torres Strait Islander people, who are also more likely to experience better outcomes from these services.

Promoting a framework of cultural safety in health care will also improve the recruitment, retention, and wellbeing of Aboriginal and Torres Strait Islander students, nurses and midwives.

Nurses and midwives are the backbone of the Australian health system. They represent over half of the entire Australian health workforce – often in roles at the frontline of health care for Aboriginal and Torres Strait Islander people – in primary health care and emergency departments, in maternal health services and child health clinics.

However, at the moment, Aboriginal and Torres Strait Islander nurses and midwives represent only 1 per cent of the nursing and midwifery workforce. This is not enough.

We need another 5,500 Aboriginal and Torres Strait Islander nurses and midwives to reach population parity and CATSINaM has calculated that if we factor in burden of disease we need 17,000 more Aboriginal and Torres Strait Islander nurses and midwives.

That's six and half times more than we have now.

We need to retain Aboriginal and Torres Strait Islander students through to completion of their qualifications and support them in their transition to registered practice. We need to develop and deliver high quality curriculum content on Aboriginal and Torres Strait Islander health and cultural safety in pre-registration training.

LINMEN will play an important role in these endeavours. It will facilitate the sharing of your collective wisdom and experiences. It will allow you to share what works and what does not work, and why.

In order to achieve equity and participation for Aboriginal and Torres Strait Islander Australians, we also need recognition and equivalence of Aboriginal and Torres Strait Islander knowledges.

And we need universities to reflect this knowledge in curriculum and teaching practices.

Along with partnerships with your local Aboriginal and Torres Strait Islander communities, the Aboriginal and Torres Strait Islander Health Curriculum Framework and CATSINaM's adaption of this framework for nursing and midwifery are key guides for how to do this.

### **Similar efforts**

You are not alone in your efforts to do this work via LINMEN.

There are several examples of professions and universities that are demonstrating a commitment to name and address racism, and strengthen knowledge and skills in cultural safety.

These include;

- the Deans of Social Work in 2014 signing off on the *Getting it Right Teaching and Learning Framework* that provides a road map for the development and delivery of Aboriginal and Torres Strait Islander ways of knowing, being and doing in Australian social work curricula. In the foreword I said, “I believe the Framework has the potential to contribute to both attitudinal and behavioral changes with good, clear, well-researched work that is developmental, and treats people with dignity.” I have the same confidence in LINMEN.
- the work of University of Sydney’s National Centre for Cultural Competence and the Poche Centres for Indigenous Health at five universities across Australia.

And perhaps the most pertinent example for LINMEN is that of LIME or the Leaders in Medical Education Network.

LIME was established in 2005 as a result of the Medical Deans, Indigenous Health Project and became a stand-alone program of the Medical Deans of Australia and New Zealand in 2008. The LIME network is dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education and to increasing the recruitment and retention of Indigenous medical students.

The network holds a biennial conference and works on a number of other initiatives such as accreditation tools for medical schools on the Indigenous health curriculum, regular Slice of LIME seminars and professional development and networking opportunities.

We now enjoy parity enrolment of Indigenous students in medical education.

Universities Australia has also set ambitious targets for all Universities through its 2017 – 2020 Indigenous Strategy. The Strategy is wide-ranging and sets a powerful benchmark from which LINMEN can leverage.

While I am sure you are, if you are not actively addressing the strategy I encourage you to use it in your role as advocates for LINMEN in your University.

The Strategy sets targets to increase the enrollment and completion rates of Aboriginal and Torres Strait Islander students, increase the employment of Aboriginal and Torres Strait Islander academic and research staff and to increase the engagement of non-Indigenous people with Indigenous knowledge, culture and educational approaches.

We can also look to New Zealand for more ground-breaking reforms such as the Bachelor of Health Sciences in Maori Nursing at the Te Whare Wānanga o Awanuiārangī.<sup>7</sup>

This program provides another choice in health and nursing education for students to become a registered nurse with a focus on primary health care, community

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<sup>7</sup> See <http://www.wananga.ac.nz/programmes/school-of-undergraduate-studies/bachelor-of-health-sciences-maori-nursing>

development and how to effectively deliver health services to Maori within Maori health paradigms and values.

I wonder which of the universities here tonight will become the first Australian university to offer a nursing degree in Aboriginal and Torres Strait Islander Health?

In all of these initiatives, the challenges lie in successfully implementing the frameworks, plans and strategies that have been developed.

And, as you can see, the nursing and midwifery professions are not alone in undertaking this process.

I believe there are five questions that must be addressed when undertaking this work:

1. How do we create cultural safety in the classroom, clinical environment and academia for students, staff, clients and practitioners?
2. How do we address the anxiety that emerges from managing an already crowded curriculum while at the same time recognising that Aboriginal and Torres Strait Islander Australians are well over represented in all areas of social disadvantage in our country?
3. What are Aboriginal knowledges and how can we successfully embed Aboriginal ways of being and doing into our education systems? Challenge yourselves to embed Indigenous pedagogy.
4. Who are Aboriginal and Torres Strait Islander peoples – how do we represent our diversity and heterogeneity, not just our commonality?
5. How do we bring staff and colleagues along on the learning journey?

## **Conclusion**

I believe that by working together in mutually respectful partnerships we can find the answers to these questions and overcome the backward looking systems and practices that diminish the experience of Australia's First Peoples in the health system and lead to 3<sup>rd</sup> world health outcomes in a first world country.

This is not an overnight journey any more than the close the gap campaign is.

When I set about the Close the Gap agenda I knew it would take generational change.

This generational change happens through many, many small changes that contribute to critical shifts in the way we work and think about issues.

It happens through the influence of individuals as they grow up, move through to school and university, and then join the workforce. And it takes a life-long commitment from all those involved.

If we can reach nurses and midwives as they are beginning their professional learning and practice then I believe we set them on a course to be part of the generational change that we need.

If we can embed cultural safety and Aboriginal and Torres Strait Islander health, history and cultures as essential components of nursing and midwifery education then we are creating the knowledge and understanding in graduates that is required to make change at the coalface of health care.

If we can recruit and retain more Aboriginal and Torres Strait Islander nurses and midwives then we are not only increasing the chances that Aboriginal and Torres Strait Islander patients will receive culturally safe care but we are also transforming the lives of these nurses and midwives and their families through employment, economic security and health literacy.

And I'd like you to think carefully about your role in creating this change ....

How can you help create a future where cultural safety is so embedded into education for health professionals and the health care system that it is the norm rather than the exception? Where the presence and acknowledgment of Aboriginal and Torres Strait Islander peoples is a visible reminder to non-Indigenous Australians and an affirmation as opposed to a void for our First Nations Peoples.

How can we ensure that everyone understands that racism is an attack on people's health and wellbeing, and our capacity to live productive, self-determining lives?

How can we ensure that the cultures, knowledges and practices of Aboriginal and Torres Strait Islander peoples are a valued and respected part of our national narrative?

We need to stop Indigenous affairs being a political football and make the changes ourselves.

I would like to ask you to be the change in your school, and in your university.

And I'd like to leave you with some suggestions for how you can do this:

- Get involved with LINMEN and encourage others to do the same
- Educate yourself about cultural safety and embed it in your school and curriculum
- Make anti-racism practice part of your everyday – whether you are at home or at work – and whether anyone is looking or not. Enact zero tolerance for racism.
- Privilege the voices and the wisdom of Aboriginal and Torres Strait Islander people and organisations.
- Practice trust, respect and reciprocity. Build and value your relationships with us.
- Ensure your governance structures reflect the communities who you are serving.
- Share your knowledge and learning with others, especially your students and spread the word.

This will take hard work, dedication and unwavering bravery but I believe LINMEN can be an incubator for these advances within nursing and midwifery professions.

This will help achieve health equality for our First Peoples and a culturally safe health system for everyone.

Thank you.