



Position Statement: Embedding Cultural Safety across Australian Nursing and Midwifery

Aboriginal and Torres Strait Islander Australians are more likely to access health services that are respectful and culturally safe, and experience better outcomes from these services.¹

Aboriginal and Torres Strait Islander peoples have poorer health status than other Australians, and are under-represented across the health professions.² This reflects a history of dispossession, racism, marginalisation, poverty, and inter-generational disadvantage, which have had a profound effect on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Culturally safe health service delivery is one mechanism for addressing these social and health inequities.

Nursing is the largest of all the health professions, and can be a key driver in the creation of a culturally safe health system. The participation of Aboriginal and Torres Strait Islander peoples in the nursing and midwifery workforce is an essential element in making health services culturally safe. CATSINaM calls for system changes to embed cultural safety across Australian nursing and midwifery.

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.

¹ Australian Indigenous Doctors' Association, *Position paper: cultural safety for Aboriginal and Torres Strait Islander doctors, medical students, and patients*, 2013.

² Gladman J, Ryder C & Walters LK, Measuring organisational-level Aboriginal cultural climate to tailor cultural safety strategies, *Rural and Remote Health*, 15: 3050, (online) 2015.

Embedding Cultural Safety across Australian Nursing and Midwifery

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.
3. CATSINaM believes that the participation of Aboriginal and Torres Strait Islander peoples in the nursing and midwifery workforce is an essential element in closing the life expectancy gap for Aboriginal and Torres Strait Islander peoples within a generation.
4. CATSINaM believes that promoting a framework of cultural safety in health care can improve the recruitment, retention, and wellbeing of Aboriginal and Torres Strait Islander students, nurses and midwives, as well as improving access and quality of care for Aboriginal and Torres Strait Islander patients.
5. CATSINaM believes that embedding cultural safety across nursing and midwifery will require a systems approach. Health service standards, nursing and midwifery curricula, continuing professional development, and health professional standards and codes must all support cultural safety. Further, Aboriginal and Torres Strait Islander health organisations must be systematically included in relevant governance structures, and policy and review processes.
6. CATSINaM calls on all nurses and midwives, their employers, professional associations, regulatory agencies, and governments, to show leadership in embedding cultural safety into all aspects of nursing and midwifery education and practice.

We resolve to:

1. Advocate for the implementation of health service standards which require a culturally safe approach; and continue to provide advice to health service providers and other key stakeholders on creating culturally safe working environments for Aboriginal and Torres Strait Islander students, nurses and midwives.
2. Advocate for cultural safety in nursing and midwifery education and training, and continue to advocate for adequate support to be provided for Aboriginal and Torres Strait Islander nurses and midwives throughout their education and practice.
3. Advocate for a nationally consistent and adequately resourced approach to cultural safety training across the health sector and other relevant sectors, and actively participate in the development of this approach.
4. Advocate for a consistent approach to the inclusion of cultural safety across nursing and midwifery practice standards, codes of conduct, and accreditation standards, and actively participate in the review of these standards and codes.

5. Advocate for changes to national legislation to prioritise cultural safety, and to require key health regulatory bodies to act to ensure cultural safety is embedded in health professional education, training, and practice.
6. Advocate for the systematic inclusion of Aboriginal and Torres Strait Islander communities and organisations in relevant governance structures, and in key policy processes across nursing and midwifery; and actively participate in relevant governance structures and policy processes.

We recommend that:

1. Action is taken to ensure the successful implementation of relevant health service standards to support cultural safety: CATSINaM notes that Version 2 of the National Quality and Safety Health Service Standards (NSQHS Standards), due for commencement in January 2019, addresses the current situation where there are no safety and quality health service standards applying to mainstream health services that specifically address the needs of Aboriginal and Torres Strait Islander people. Several relevant actions are embedded in Version 2 of the NSQHS Standards. CATSINaM supports the early implementation of these Standards, accompanied by support and guidance to ensure mainstream health organisations develop organisational competence for culturally safe care.
2. Action is taken to ensure nursing and midwifery curricula support cultural safety: CATSINaM recommends uptake of the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (CATSINaM, January 2017) by all Schools of Nursing and Midwifery. Aboriginal and Torres Strait Islander communities and their representatives must be systematically included in curriculum planning and review for undergraduate and postgraduate nursing and midwifery courses, and continuing professional development courses, to ensure a cultural safety approach is embedded in education and training. A 'Leaders in Indigenous Nursing and Midwifery Education Network' (LINMEN) should be established to enable nursing and midwifery academics to learn from one another in a collaborative rather than competitive environment.
3. Action is taken to ensure all Australian health professionals have access to quality cultural safety training: CATSINaM proposes the engagement of national Aboriginal and Torres Strait Islander peak health bodies in developing a shared national benchmark for high quality cultural safety training, accompanied by an assessment process undertaken by people qualified to determine what constitutes quality for cultural safety training. Adequate resourcing from government is also needed to support the implementation of cultural safety training across the health system.
4. Health professional standards consistently support cultural safety: CATSINaM calls for the amendment of the Health Practitioner Regulation National Law Act 2009 to clearly identify cultural safety as a priority. The amendments to the Act should also

include that The Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards responsible for regulation of specific health professions, including the Nursing and Midwifery Board of Australia (NMBA), are required to develop an understanding of cultural safety and develop clear approaches to ensuring cultural safety is embedded in health professional education, training and practice. AHPRA and the National Boards, including the NMBA, should also be required to: set and monitor standards for cultural safety in the health professions; seek out and value Aboriginal and Torres Strait Islander knowledge, skills, and attributes; and include Aboriginal and Torres Strait Islander Peoples in their governance structures.

Background

The 2017 Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework defines cultural safety as follows:

Cultural safety has its roots in nursing education and health care in Aotearoa [New Zealand], but has...[been] more broadly theorised and accepted in Australia as a means to work towards social justice and better health outcomes for those experiencing health inequality.

Cultural safety is a philosophy of practice that is about how a health professional does something, not what they do. Its focus is on systemic and structural issues and on the social determinants of health...Cultural safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of peoples' unique needs....

In regards to Aboriginal and Torres Strait Islander health, cultural safety provides a decolonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgment of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in health care encounters.³

An increased Aboriginal and Torres Strait Islander health workforce is a key element of culturally safe service delivery, and has the potential to contribute to better access and improved health outcomes for Aboriginal and Torres Strait Islander Australians, and play a vital role in closing the life expectancy gap within a generation.⁴ Evidence has demonstrated that employment of Aboriginal and Torres Strait Islander staff, as well as Indigenous leadership within a health service, increases access to the health service by

³ CATSINaM, *The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Version 1.0)*, CATSINaM, Canberra, 2017, pp.11-12.

⁴ Australian Health Ministers' Advisory Council, *(National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011-2015))*, AHMAC, Canberra, 2011.

Aboriginal and Torres Strait Islander people.⁵ Strategies to improve health workforce participation by Aboriginal and Torres Strait Islander people must be complemented by strategies to improve the capability of the non-Indigenous health workforce to deliver culturally safe care.⁶

Embedding cultural safety into all aspects of nursing and midwifery education and practice will contribute to an increase in the numbers and wellbeing of the Aboriginal and Torres Strait Islander nursing and midwifery workforce, as well as the capability of the non-Indigenous nursing and midwifery workforce to provide culturally safe care. In turn, this will contribute to improved health care access and better health outcomes for Aboriginal and Torres Strait Islander Australians.

Systematic inclusion of Aboriginal and Torres Strait Islander people and organisations across all processes relating to nursing and midwifery education, training and practice will be necessary to ensure a meaningful and consistent approach to embedding cultural safety across all areas.

About CATSINaM

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 for 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.

A key strategic direction for CATSINaM is to support the recruitment and retention of Aboriginal and Torres Strait Islander Peoples in nursing and midwifery. Cultural safety is integral to this direction. We advocate 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 people and communities, so individuals and their families can feel culturally secure, safe, and respected. To achieve this, cultural safety must be embedded in every aspect of nursing and midwifery education and practice.

⁵ Hayman NE, White NE, Spurling, GK, *Improving Indigenous patients' access to mainstream health services: the Inala experience*. Med J Aust 190(10): 604-606, 2009.

⁶ Wilson AM, Margarey AM, Jones M, O'Donnell K & Kelly J, Attitudes and characteristics of health professionals working in Aboriginal health. *Rural and Remote Health*, vol.15, 2739, (online) 2015.