



# The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework

An adaptation of and complementary document  
to the 2014 Aboriginal and Torres Strait Islander  
Health Curriculum Framework

*Version 1.0: May, 2017*

CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

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*Unity and Strength through Caring*

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## Section 1: Introduction

### 1.1 The 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework

The ‘Aboriginal and Torres Strait Islander Health Curriculum Framework’ was released by the Australian Government Department of Health in September 2015 (Commonwealth of Australia, Department of Health 2014).<sup>1</sup> It was designed to support higher education providers to:

*...implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs. Developed with extensive input and guidance from a wide range of stakeholders around Australia, the Framework aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples through the development of cultural capabilities during their undergraduate training. (Section 1, p. 4)*

Universities delivering pre-registration courses for health professions are encouraged to use the Framework in ensuring that they meet and/or exceed the accreditation and registration guidelines for their profession in relation to Aboriginal and Torres Strait Islander health and cultural safety.

### 1.2 Why undertake an adaptation process?

Following release of the Aboriginal and Torres Strait Islander Health Curriculum Framework (referred to as the original Framework in this document), CATSINaM held two roundtables to explore how transferable it was within nursing and midwifery curriculum. The participants were representatives from universities with solid experience in delivering high quality curriculum in relation to Aboriginal and Torres Strait Islander health, history and culture, as well as cultural safety within nursing and midwifery courses. As a consequence, the following recommendations were made:

- ① CATSINaM should lead a process to adapt the original Framework specifically for nursing and midwifery – a Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework - and promote its implementation with the support of key stakeholders.
- ① CATSINaM should investigate whether the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework needs to be accompanied by a ‘companion guide’, i.e.

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<sup>1</sup> Information on the Framework is available at this site, including a downloadable copy:  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework>

a document that could include good practice exemplars gathered from existing higher education programs.

The recommendations were considered by and endorsed by the CATSINaM Board as they were consistent with Strategic Direction 2 in CATSINaM's 2013-2018 Strategic Plan, which is to “strengthen our effectiveness in advocating on behalf of Aboriginal and Torres Strait Islander nurses and midwives”. Specifically, they aligned with the following two strategies:

- ① **Strategy 2.9:** Lobby for and participate in the development of materials that advance Aboriginal and Torres Strait Islander peoples’ health, and social and emotional wellbeing in nursing and midwifery.
- ① **Strategy 2.10:** Actively engage in developing, publishing, distributing and promoting an academically rigorous interpretative guide for teaching and learning Aboriginal and Torres Strait Islander history, health, culture and cultural safety for all nursing and midwifery programs, including continuing professional development.

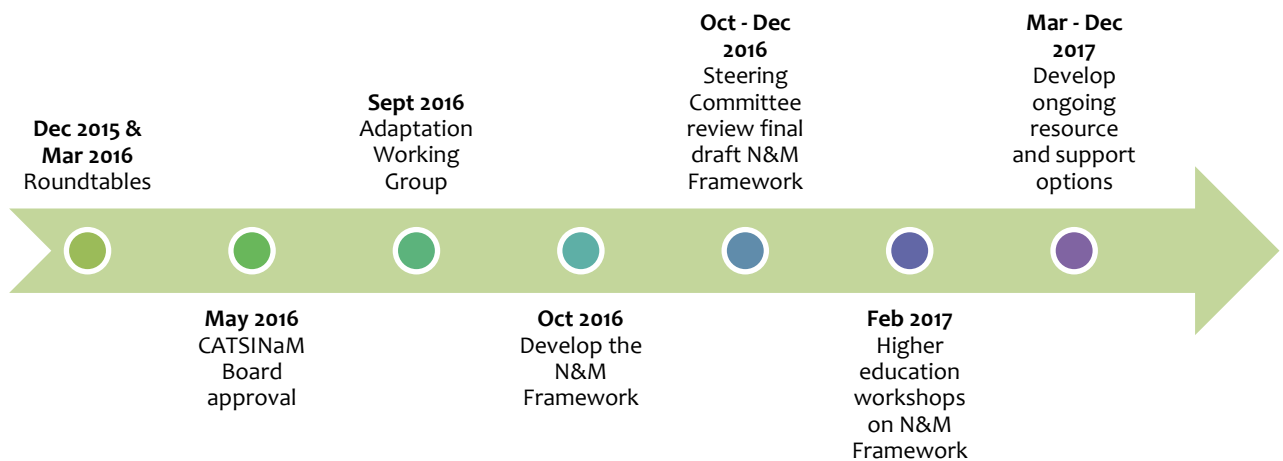
The intention of Strategy 2.10 is to publish and promote exemplars of good practice in curriculum content and delivery, and recommended curriculum resources that are consistent with but specifically focused on nursing and midwifery education. Therefore, CATSINaM approached the Australian Government Department of Health to clarify it could undertake an adaptation; this was confirmed, providing the copyright of the original Framework is acknowledged.

This initiative is consistent with CATSINaM’s ongoing effort to establish a ‘Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN). The LINMEN will be a mechanism through which universities can collectively share, develop and evaluate materials for teaching and learning Aboriginal and Torres Strait Islander history, health, culture and cultural safety in nursing and midwifery. It would be an equivalent network to the LIME, Leaders in Medical Education Network, which the Australian Government has funded since 2004.

## 1.3 Pathway to creating the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework

As a consequence of the CATSINaM Board decision, CATSINaM commenced the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (the N&M Framework) Initiative in September 2016. It established a Steering Committee to provide strategic oversight, developed a project plan, and assigned project staff to coordinate and implement the initiative. Figure 1 illustrates the pathway to creating the final N&M Framework and developing ongoing resource and support options.

**Figure 1: Pathway to creating the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework**



The purpose of the orientation and consultation workshops with the nursing and midwifery higher education sector in February 2017 was to support nursing and midwifery academics in mapping and transitioning their existing curriculum to meet the N&M Framework benchmarks. During the workshops participants were directed to other possible resources that can assist with implementation of the N&M Framework, including the Indigenous HealthInfoNet. The workshops were attended by 140 nursing and midwifery academics, representing 31 of the 35 universities, and were extremely well received with over 93% of participants reporting they were very or extremely satisfied (the remainder were moderately satisfied).

Over the remainder of 2017, the Indigenous HealthInfoNet will work with CATSINaM to develop and promote a Resource Hub to nursing and midwifery academics, which they can search according to the four content themes and particular topics in the N&M Framework. Reviewing the suitability of the resources will remain a responsibility of nursing and midwifery academics, as for any other resource they choose to use.

CATSINaM will continue its work to establish a LINMEN, as this will be a vital support mechanism for both Aboriginal and Torres Strait Islander and non-Indigenous nursing and midwifery

academics involved in planning and delivering curriculum on Aboriginal and Torres Strait Islander health, history and cultural safety, and supporting Aboriginal and Torres Strait Islander students and staff.

## 1.4 Differences between nursing and midwifery

Nursing and midwifery stand as two discrete professions, differing in philosophy and indeed focus. As cited by the NMBA (2006, updated 2016), the International Council of Nurses' current definition of nursing states that:

*Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles).*

Similarly, the NMBA (2006, updated 2016) cites the International Confederation of Midwives' current definition of midwives:

*A midwife is a person who has successfully completed a midwifery education program that is duly recognised in the country where it is located and that is based on the ICM essential competencies for basic midwifery practice and the framework of the ICM global standards for midwifery education; who has acquired the requisite qualifications to be registered and or legally licensed to practise midwifery and use the title 'midwife': and who demonstrates competence in the practice of midwifery.*

These definitions differentiate the two professions. While there are similarities of autonomy and responsibility to maintain competence to practice, the scopes of practice for each profession are not interchangeable. Midwives and nurses are recognised as responsible and accountable professionals who work in partnership with women, individuals, families and, in some contexts, communities.

Nurses provide a diversity of care to a variety of individuals across a broad range of health settings. In contrast, midwives' practice is specifically directed towards women and families in the childbearing and early parenting continuum. The philosophical foundations of midwifery include autonomy, respect, the value of women's work, bearing and rearing each generation and "women centeredness" (Homer, Brodie & Leap 2008). The Australian College of Midwives (no date) describes midwifery as a woman-centered, political, primary health care discipline founded on the relationship between a woman and her midwife. The intention is to protect and enhance the health and social status of women, which in turn protects and enhances the health and wellbeing of society.

In practice many midwives are also nurses, though their roles in employment will usually be to fulfil the requirements of one or the other. This has changed since the emergence of University Bachelor of Midwifery (direct entry) programs (BMID) that do not require midwives to be nurses in the first instance. Hence, it is critical that university nursing and midwifery curricula incorporate



appropriate frameworks that ensure a culturally informed and competent nursing and midwifery workforce, such as the N&M Framework. The four content themes in the N&M Framework are equally applicable to nurses and midwives.

## 1.5 Focus of the N&M Framework

Consistent with the approach taken by the original Framework, the N&M Framework focuses on pre-registration university courses for Registered Nurses and Registered Midwives. While there is also a need to examine the Aboriginal and Torres Strait Islander health curriculum requirements in the VET sector for Enrolled Nurses and Assistants in Nursing, this is outside the scope of this initiative and the N&M Framework.

However, CATSINaM will launch an initiative in mid-2017 that will strengthen the existing approach to cultural safety and Aboriginal and Torres Strait Islander health content and delivery for Enrolled Nursing courses. It will focus on developing resources for the 'CHCDIV002 Promote Aboriginal and Torres Strait Islander cultural safety' unit of competence, which Registered Training Organisations can then contextualise in order to meet the Australian Skills Quality Authority standards as well as ensure they are meeting ANMAC standards. Similarly to the N&M Framework Initiative, CATSINaM will hold a series of orientation workshops for the VET sector to train them in the use of the resource and as a pathway for purchasing the resource.

## 1.6 A brief reflection on Western nursing and midwifery practices in Australia

Western nursing and midwifery practice has a long history with Aboriginal and Torres Strait Islander peoples. Florence Nightingale showed particular interest in the well-being of Aboriginal and Torres Strait Islander peoples, evident by her work in the 1860's that highlighted poor child health endured under the 'civilising' practices implemented by Australian colonial governments (Nightingale n.d.; 1865 cited in Best 2015).

Throughout the many policy eras that were imposed on Aboriginal and Torres Strait Islander peoples, nurses and midwives were often agents who implemented government policy that had detrimental impacts on individuals, families and communities (Forsyth 2007). These nursing and midwifery practices often reflected popular race-based and racist attitudes and beliefs. Historically, these synergies are often not considered in the educational preparation of nurses and midwives. In fact, nurses and midwives have often undergone training that prescribes a list of characteristics, which determine typical actions and reactions, and essentialise Aboriginal and Torres Strait Islander peoples into stereotypes (Best 2014). This evades the issue of the degree to which the culture of nursing and midwifery and our professional history has demonstrated 'caring' for Aboriginal and Torres Strait Islander peoples.

Forsyth (2007, p. 33) asserts that "only by understanding and confronting the historical roots of institutional racism, and by speaking out against such practices, can discrimination and racism be abolished from nursing practice and health care".



## Section 2: Relationship to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework

The N&M Framework adapts specific sections of the original Framework in order to respond to the context of nursing and midwifery education. Therefore, it is an abbreviated framework that complements but does not fully replace the original Framework. New material that replaces specific sections of the original Framework is identified in Table 1 in **bold text**, then outlined in detail in Section 3 of this document. Nursing and midwifery educators are encouraged to continue drawing on other sections of the original Framework for the applications described in Table 1.

**Table 1: Relevant sections of the original Aboriginal and Torres Strait Islander Health Curriculum Framework for nursing and midwifery educators**

Section and focus	Application
<b>Section 1: Introduction to the Framework</b>	
Background (p. 1), Developing the Framework (pp 8-9) and Users of the Framework (pp. 9 -10)	This provides an orientation to the purpose, importance and development of the Framework.
Context of Aboriginal and Torres Strait Islander people's health and higher education (pp. 5-8)	This briefly outlines the current realities and health inequities that Aboriginal and Torres Strait Islanders face, which are imperative for health professions to address. It includes a brief history of the journey of the higher education sector in taking steps to do this.
<b>Section 2: The elements</b>	
Principles (pp. 6-7)	The principles should underpin curriculum design, and be reflected in both curriculum content and delivery in nursing and midwifery education.
Graduate capabilities for culturally safe Aboriginal and Torres Strait Islander health care and the 'Graduate cultural capability model' (pp. 7-10)	The concept of 'cultural capabilities' rather than 'cultural competence' has currency in nursing and midwifery, and is consistent with lifelong learning, which is built into our process for maintaining registration. The five named and interconnected cultural capabilities fit with contemporary thinking about how nurses and midwives should demonstrate cultural respect that leads to culturally safe health care and better health outcomes for Aboriginal and Torres Strait Islander Australians. The N&M Framework has taken a different approach to how the five graduate cultural capabilities are reflected in the curriculum: <b>see Section 3.1 and 3.2.</b>

Section and focus	Application
Primary learning outcomes to develop graduate cultural capabilities (pp. 10-14)	The original Framework table outlining primary learning outcomes associated with 17 themes mapped to the five cultural capabilities is not used in the N&M Framework. The N&M Framework has outlined <b>three domains of learning in nursing and midwifery in Section 3.1</b> , which are operationalised in the curriculum through four curriculum content themes that, in combination, address all five cultural capabilities as shown in <b>Section 3.2</b> .
Curriculum content, learning outcomes and assessment (pp. 14-20)	The original Framework's 17 areas of curriculum content and 51 learning outcomes <b>have been refined into four areas of curriculum content and 20 learning outcomes in Table 2, Section 3.2</b> . This represents a realistic application of the Framework to the nursing and midwifery curriculum, and the body of work on cultural safety undertaken over the last two decades based on Irihapeti Ramsden's (2002) foundational work in New Zealand. The three progressive stages of thinking and skill development have been retained in defining learning outcomes, i.e. 'novice', 'intermediate' and 'entry to practice'.
Graduate learning outcomes (p. 21)	Due to the changes made to primary learning outcomes and curriculum content, the table in the original Framework does not apply in the same manner to the N&M Framework.
A note on terminology and Attachment A: References (pp. 22-23)	The descriptions of key terminology remain useful for nursing and midwifery, however, <b>the description of 'Cultural safety' as a key domain of learning that is outlined in Section 3.1</b> of this document is recommended as a preferred definition for nursing and midwifery. The references in the original Framework may be valuable to use within the nursing and midwifery curriculum.
<b>Section 3: Implementation Guidelines</b>	
Implementation guidelines (pp. 7-14)	<p>This section includes useful guidance across multiple aspects of implementation that will be relevant to all health profession educators and Schools. A few examples of good practice are included. Areas of <b>specific attention for nursing and midwifery educators are in Section 3.3 of this document</b>.</p> <p>This section introduces the 'Organisational Commitment and Health Professional Program Readiness Assessment Compass', contained in Attachment A, which will help Schools ascertain their level of readiness and what steps they need to take to prepare for as well as see through implementation of the Framework. It highlights critical success factors, and will inform the Implementation Plan that Schools need to develop.</p>

Section and focus	Application
Implementing Aboriginal and Torres Strait Islander curriculum across the health professional program (pp. 15-17)	This section includes useful guidance for planning, coordinating, and implementing the curriculum mapping, development and integration process that will be relevant to all health profession educators and Schools. Areas of <b>specific attention for nursing and midwifery educators are in Section 3.3 of this document.</b> A tool to determine organisational and/or program readiness for implementing the Framework is in Attachment A.
Educators and Aboriginal and Torres Strait Islander Health Curriculum (pp. 17-22)	This component of Section 3 offers advice on who should play a role in delivering this curriculum, the accountability practices needed when non-Indigenous educators are involved in delivery, the importance of partnership approaches and what essential skills all educators require for delivering this curriculum effectively. This is applicable to a broad number of disciplines, including nursing and midwifery. Attachment B lists additional support resources on this topic.
Approaches to facilitating learning in the classroom (pp. 22-28)	A valuable summary of Aboriginal and Torres Strait Islander approaches to teaching and learning is provided to inform curriculum delivery, and manage the range of challenges that are likely to emerge in the process for students and educators. Further resources are provided in Attachment B and C. All can be utilised in a nursing and midwifery context.
Learning through experience – simulation, clinical placements, and community immersion and engagement (pp. 29-36)	These three learning opportunities are relevant for nursing and midwifery, so this section provides direction and advice on how to prepare and facilitate these opportunities successfully, including commentary on cultural supervision and assessment issues. There is a strong emphasis on partnerships with Aboriginal and Torres Strait Islander staff, health services and/or community members, where involvement commences with decision-making through to planning, implementation, student assessment and evaluation. Emphasis is placed on strategies that ensure or strengthen the cultural safety of Aboriginal and Torres Strait Islander people who participate.
Attachments A, B, C and D (pp. 37-53)	All four attachments may be useful to Schools of Nursing and Midwifery. In preparing to implement the N&M Framework, Schools will find the ‘Organisational Commitment and Health Professional Program Readiness Assessment Compass (OCHPPRAC) a valuable tool and are highly encouraged to use it. It is consistent with the advice provided in the ‘Implementing Aboriginal and Torres Strait Islander curriculum across the health professional program’ section of the original Framework, and the additional information in Section 3.3 of this document.

Section and focus	Application
<b>Section 4: Accreditation Guidelines</b>	
Best practice accreditation guidelines (pp. 5-6)	This is a brief summary of the current approach to accreditation of health courses as defined in the Health Practitioner Regulation National Law Act (particularly for those health professionals that are regulated).
Accreditation standard requirements (pp. 6-9)	This has generic relevance to health professions, including nursing and midwifery, recommending sources of evidence for meeting common standards relating to Aboriginal and Torres Strait Islander curriculum staff, and students.
Accreditation assessors (p. 10)	<p>This final section emphasises the importance of cultural capability for accreditation assessors if they are to be effective in adequately assessing how a course meets standards focused on Aboriginal and Torres Strait Islander curriculum staff, and students. High familiarity with the Framework will be vital to them fulfilling this role successfully, as will cultural safety and cultural capability training.</p> <p>In terms of nursing and midwifery, this raises expectations that ANMAC ensure they support assessors to develop their knowledge of the N&amp;M Framework, and can access suitable training (this may be provided through their universities or health service employers).</p>

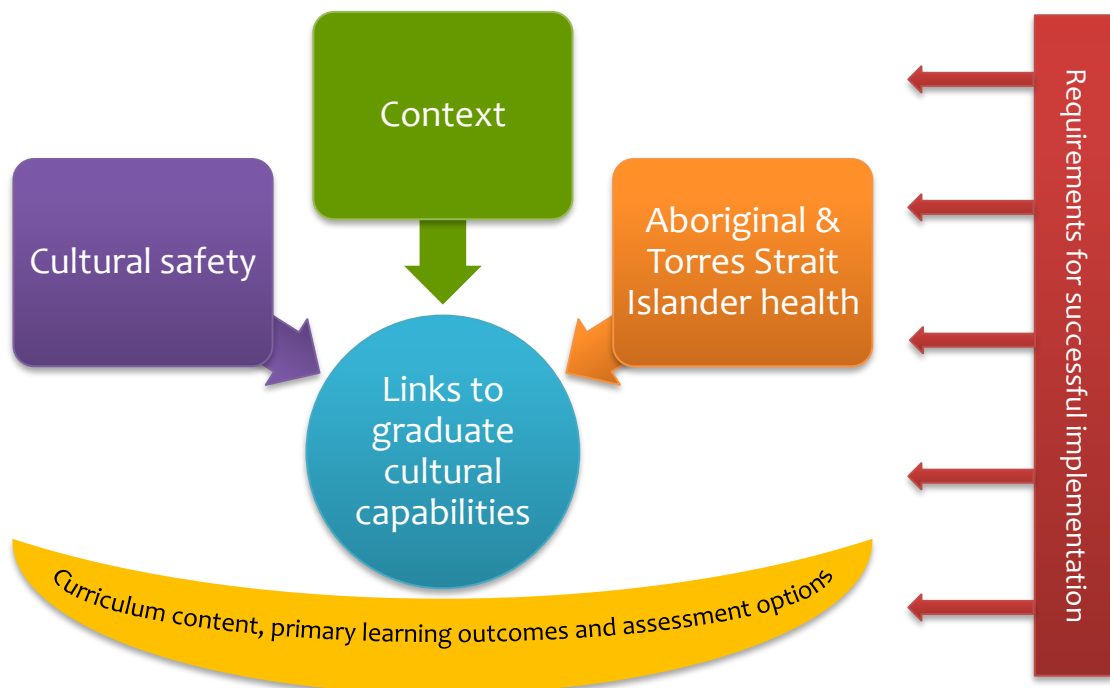
## Section 3: Nursing and midwifery adaptations of the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework

This chapter describes the adaptations made to the original Framework in order to reflect the nursing and midwifery context.

Figure 2 illustrates the relationship between the three different parts of this section. The three domains of learning are described in Section 3.1, then linked to the five graduate cultural capabilities from the original Framework through four curriculum content themes listed in Section 3.2. The yellow arc represents how the themes are operationalised in Table 2 of Section 3.2 by mapping the four curriculum content themes to the three domains of learning. The content is described in detail, primary learning outcomes are specified for each theme and assessment options suggested.

In Section 3.3, advice is provided about the requirements for successful implementation that will help ensure integrity is maintained in planning, implementing and monitoring the outcomes of the N&M Framework in each individual university. This is represented by the red side bar.

**Figure 2: Relationship between the nursing and midwifery adaptations**



## 3.1 Three domains of learning in nursing and midwifery: Central concepts underpinning the N&M Framework

All nursing and midwifery higher education courses need to reflect the following three domains of learning in order to address accreditation standards regarding Aboriginal and Torres Strait Islander health, history and culture, and cultural safety effectively. At present, the term ‘cultural safety’ is not consistently used in all nursing and midwifery accreditation standards. The strong recommendation of the N&M Framework is that even if not currently stated, all standards should be read as including cultural safety.

The domains need to be taught in the order they are outlined below. The learning and reflection gained through ‘Cultural Safety’ sets a foundation for and influences learning throughout the ‘Context’ and ‘Aboriginal and Torres Strait Islander Health’ domains.

### 3.1.1 Cultural Safety

Cultural safety has its roots in nursing education and health care in Aotearoa based on the work of Ramsden (2002) and others, but has since become more broadly theorised and accepted in Australia as a means to work towards social justice and better health outcomes for those experiencing health inequity.

Cultural safety is a philosophy of practice that is about *how* a health professional does something, not *what* they do, in order to not engage in unsafe cultural practice that ‘... diminishes, demeans or disempowers the cultural identity and wellbeing of an individual’ (Nursing Council of New Zealand 2011, p 7). It is about how people are treated in society, not about their diversity as such, so 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. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse’s/midwife’s personal culture impacts on care.

Cultural safety uses a broad definition of culture that does not reduce it to ethnicity, but includes age/generation, sexual orientation, socio-economic status, religious or spiritual belief, ethnic origin, gender and ability. It also recognises that professions and work places have cultures, and cultural safety is as applicable to working with colleagues in providing health care as it is to working with health service users.

In relation 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.

While it may be reassuring and even satisfying to consider one’s progress towards cultural safety through levels of awareness and practice along a staged continuum, this may not be the best way to frame policy or practice as it implies that one can ‘get there’, or there is a ‘recipe’ or an

'answer'. The process of creating cultural safety, like all forms of study and development, is a lifelong one and it is the receiver of services who determine if the care was culturally safe or not.

Critically, cultural safety does not require the study of any culture other than one's own, so as to be open-minded and flexible in attitudes towards others. Identifying what makes others different is simple – understanding our own culture and its influence on how we think, feel and behave is much more complex.

### 3.1.2 Context

This is about the general skills and knowledge that nurses and midwives will need in order to respond to the context of health and wellbeing, including principles and practices in these areas:

- ① Historical determinants of health: invasion, colonisation, genocide and the health impacts on populations around the world.
- ① Social determinants of health.
- ① Human rights, social justice and justice reinvestment, and equality versus equity.
- ① Comprehensive primary health care: effective communication, strengths-based approaches, health promotion, health literacy, community development and engagement.
- ① The strengths and limitations of an epidemiological approach.
- ① Policy, legislation and professional regulation, and their health impacts.

### 3.1.3 Aboriginal and Torres Strait Islander Health

This domain operationalises Domains 1 and 2 in ways that respect Aboriginal and Torres Strait Islander knowledges and epistemologies, including the specific skills of working within an Aboriginal or a Torres Strait Islander health context. It includes these areas:

- ① Respect for Aboriginal and Torres Strait Islander knowledges.
- ① Aboriginal and Torres Strait Islander health and wellbeing (National Aboriginal Health Strategy 1989 definition).
- ① The importance of sovereignty and self-determination on health - community controlled health and wellbeing.
- ① Learning how to apply the principles of cultural safety within an Aboriginal and Torres Strait Islander health context - self-care, self-reflexivity, respectfulness and willingness to learn one's strengths and limitations (knowing what you don't know).
- ① How to work in partnership - specific skills for working with Aboriginal and Torres Strait Islander patients/clients and colleagues.



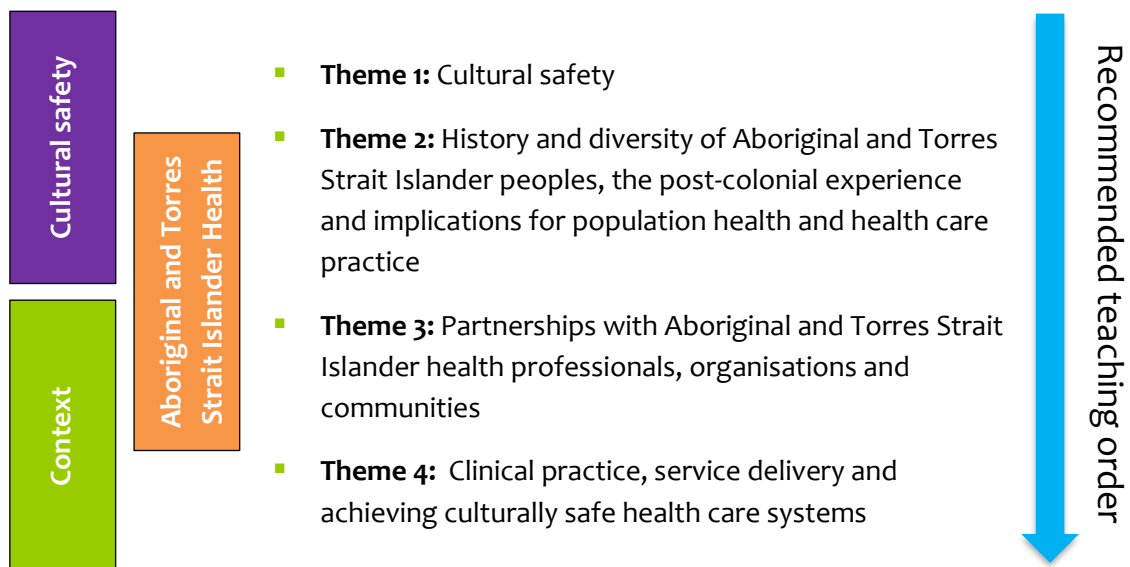
- ⑩ Diversity of Aboriginal and Torres Strait Islander communities and experiences, including geography, demography, gender, sexuality and history. What is meant by ‘traditional’ and ‘contemporary’, and the repatriation of practices, knowledges and cultures?
- ⑩ Clinical management and service delivery with Aboriginal and Torres Strait Islander patients and communities.
- ⑩ Communication – generic and specific, inter-professional, collegial and patient/client.
- ⑩ Cultural protocols - how to ascertain and work with localised cultures and communities ethically and respectfully.
- ⑩ Working inter-professionally with Aboriginal and Torres Strait Islander health professionals and leaders.

It is important to note that decolonising and repatriating knowledges and cultures for Aboriginal and Torres Strait Islander students may require specific curriculum initiatives sensitive to their needs. These needs have strong links to the retention of Aboriginal and Torres Strait Islander nursing and midwifery students. It is also consistent with the existing ANMAC accreditation standards, as each discipline includes a standard that states “a range of support needs are provided to Aboriginal and Torres Strait Islander students”. This is explored further in Section 3.3.4.

## 3.2 Curriculum content, primary learning outcomes and assessment options

The table for this section of the original Framework is replaced by Table 2 below, with the following amendments:

- ① Curriculum content is edited and re-aligned to reflect the work on cultural safety in a nursing and midwifery context as led by Irapheti Ramsden (2002), a Maori nurse, and her Maori and Pakeha colleagues in New Zealand (this also underpins CATSINaM’s approach to cultural safety).
- ① The three nursing and midwifery learning domains from Section 3.1 are mapped to **four** curriculum content themes (combined and reduced from 17 in the original Framework), and links between the three domains and each theme are shown using the following colour codes in the left side bar of the table:



- ① The ‘Content’ and ‘Content description’ columns are amended to reflect nursing and midwifery language and needs
- ① The order in which the four content themes are listed reflects the recommended order of teaching, with cultural safety being the first area to address as it sets a foundation for and influences learning in the other domains
- ① The ‘Assessment approaches’ column from the original framework has been called ‘Assessment **options**’ to emphasise these are **suggestions only**; other approaches not listed can be used and there is no requirement to use all options for a single learning outcome.

## RELATIONSHIP BETWEEN THE FIVE GRADUATE CULTURAL CAPABILITIES AND THE FOUR NURSING AND MIDWIFERY CURRICULUM CONTENT THEMES

The original Framework describes a 'Graduate cultural capability model' that is a centred on achieving culturally safe health care for Aboriginal and Torres Strait Islander people. It consists of the following five graduate cultural capabilities (see Section 2, pp. 8-10 of the original Framework):

**Respect:** Recognise Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing in the context of history, culture and diversity, and affirm and protect these factors through ongoing learning in health care practice.

**Communication:** Engage in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships with Aboriginal and Torres Strait Islander peoples.

**Safety and quality:** Apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander health care.

**Reflection:** Examine and reflect on how one's own culture and dominant cultural paradigms, influence beliefs about and interactions with Aboriginal and Torres Strait Islander peoples.

**Advocacy:** Recognise that the whole health system is responsible for improving Aboriginal and Torres Strait Islander health. Advocate for equitable outcomes and social justice for Aboriginal and Torres Strait Islander peoples and actively contribute to social change.

All five cultural capabilities are addressed by the four curriculum themes in Table 2.

## PRIMARY LEARNING OUTCOMES

In relation to learning outcomes, the original Framework explains that:

*Learning outcomes describe what students are expected to understand, or be able to do, in order to be successful in an area of study. Learning outcomes need to be observable and measurable, and provide the basis for designing student assessments... [In this Framework, the] learning outcomes are adapted from Bloom's revised teaching taxonomy (Atherton 2013), which describes three progressive stages of thinking and skill development in the following way:*

- **Novice:** Information about matters relating to this theme; Remembering, comprehending
- **Intermediate:** Upskilling in this theme; Applying, analysing
- **Entry to Practice:** Practical skills and hands on engagement with this theme; Evaluating, creating

*These progressive levels provide a structure for mapping student learning in stand-alone units of study, as well as across horizontal and vertically integrated curriculum. (Section 2-10, emphasis added)*

These three progressive stages of thinking and skill development are relevant for nursing and midwifery. The codes in the 'Learning outcomes addressed' column of Table 3 indicate the stage of development to which each outcome relates: (N) = Novice, (I) = Intermediate and (ETP) = Entry to Practice.

### **CURRICULUM CONTENT IN RELATION TO UNITS OF STUDY**

The N&M Framework supports the position of the original Framework, i.e. that content should be present in **both** stand-alone units, **and** integrated horizontally and vertically across the curriculum. This is consistent with ANMAC standards of having a discrete stand-alone unit **and** content embedded in other subjects within the curriculum (Australian Nursing and Midwifery Accreditation Council 2012, 2014); also see Section 3.3.6.

### **CONSIDERATIONS FOR STUDENTS UNDERTAKING CLINICAL PLACEMENTS**

Core cultural safety and Aboriginal and Torres Strait Islander health units should occur **prior** to students undertaking their first clinical placement. Students should meet the novice learning outcomes as a minimum, but preferably the intermediate learning outcomes before applying their learning in real world contexts.

Schools of Nursing and Midwifery need to consider a wider range of options for clinical placements, i.e. beyond hospital placements. Learnings about cultural safety and Aboriginal and Torres Strait Islander health need to be applied in multiple health contexts. Excellent placement options include primary health care, particularly Aboriginal Community Controlled Health services, and school-based health.

**Table 2: Curriculum content themes, learning outcomes and assessment options for nursing and midwifery students**

		Content	Content description	Learning outcomes addressed	Assessment options
Cultural Safety	Aboriginal and Torres Strait Islander Health	<b>Theme 1: Cultural safety</b>	<p>Develops students’ understanding of and skills for addressing:</p> <ul style="list-style-type: none"> <li>▪ self-reflexivity and its crucial role in facilitating culturally safe health service delivery</li> <li>▪ different forms of racism and their impact on Aboriginal and Torres Strait Islander individuals, families and communities</li> <li>▪ white privilege and its influence on relations between Aboriginal and Torres Strait Islander and non-Indigenous Australians, both historically and in contemporary Australia</li> <li>▪ communication in a respectful and culturally safe manner with Aboriginal and Torres Strait Islander peoples</li> <li>▪ social justice, human rights, decolonisation and the social determinants of Aboriginal and Torres Strait Islander health.</li> </ul>	<p>1.1 (a) Demonstrate an understanding of one’s own culture and how that influences and shapes one’s worldview. (N)</p> <p>(b) Discuss and examine different forms of racism, the concept of white privilege, one’s own positioning in terms of white privilege and the social determinants of health. (N)</p> <p>1.2 (a) Identify and examine responses to racism personally and professionally, and available policies, codes and legislation for addressing racism in health care contexts. (I)</p> <p>(b) Analyse how one’s own worldview and positioning in relation to white privilege impact on health care delivery and outcomes for Aboriginal and Torres Strait Islander clients. (I)</p> <p>1.3 (a) Demonstrate knowledge and skills in culturally safe interactions with Aboriginal and Torres Strait Islander individuals and family members. (ETP)</p> <p>(b) Demonstrate strategies that enable ongoing self-reflexivity in a professional context. (ETP)</p> <p>(c) Incorporate anti-racist, social justice and affirmative action approaches in health care practice that address the social determinants of health for Aboriginal and Torres Strait Islander Australians. (ETP)</p>	<p>Reflective journal; short answer/ multiple choice questions; oral presentation; short essay</p> <p>Reflective journal; problem scenario; case study; group/ individual oral presentation ; clinical placement problem reflection; research paper</p> <p>Demonstration; role play; design strategy/project; group/individual oral presentation; portfolio; simulation; clinical placement based project; self-evaluation</p>



		Content	Content description	Learning outcomes addressed	Assessment options
Context	Aboriginal and Torres Strait Islander Health	<b>Theme 3: Partnerships with Aboriginal and Torres Strait Islander health professionals<sup>2</sup>, organisations and communities</b>	Develops students' knowledge and understanding of:	3.1 Describe the historical development of Aboriginal and Torres Strait Islander community controlled health services and health sector initiatives, and the role of Aboriginal and Torres Strait Islander health professionals. (N)	Short answer/multiple choice questions; Oral examination/ critique; short essay
			<ul style="list-style-type: none"> <li>▪ the historical development of Aboriginal and Torres Strait Islander community controlled health services, health initiatives, and health professionals, and the impacts on the Australian health care system</li> <li>▪ strengths-based approaches to facilitating partnerships in Aboriginal and Torres Strait Islander health.</li> </ul>	3.2 Analyse the contemporary role of Aboriginal and Torres Strait Islander health professionals, organisations and communities in delivering culturally safe health care to Aboriginal and Torres Strait Islander clients from a strengths-based approach. (I)	Critical essay; research paper; group/individual oral presentation; peer assessment;
				3.3 Demonstrate strengths-based strategies for building partnerships with Aboriginal and Torres Strait Islander health professionals, organisations and communities in delivering health care, and designing and implementing health initiatives. (ETP)	Design strategy/project; group/ individual oral presentation; create poster; concept map; simulation; clinical placement experience

<sup>2</sup> The phrase 'Aboriginal and Torres Strait Islander health professionals' refers to Aboriginal and Torres Strait Islander Australians in **any and all** health profession; this is inclusive of but **not** limited to Aboriginal and Torres Strait Islander Health Workers or Aboriginal and Torres Strait Islander Health Practitioners.



		Content	Content description	Learning outcomes addressed	Assessment options
Cultural Safety	Aboriginal and Torres Strait Islander Health	<b>Theme 4: Clinical practice, service delivery and achieving culturally safe health care systems</b>	<p>Develops students' knowledge and understanding of:</p> <ul style="list-style-type: none"> <li>clinical practice and service delivery factors in the Australian health system that impact on Aboriginal and Torres Strait Islander health</li> <li>features of nursing and midwifery professional culture that impact on Aboriginal and Torres Strait Islander health</li> <li>the importance of growing the Aboriginal and Torres Strait Islander nursing and midwifery workforce, and the role of Aboriginal and Torres Strait Islander nurses, midwives and other health leaders in effecting needed change</li> <li>their role as nurses and/or midwives in achieving culturally safe health care for and with Aboriginal and Torres Strait Islander people.</li> </ul>	<p>4.1 (a) Discuss the history of Australia's dominant Western cultural and political paradigm, and how this characterises the contemporary health system. (N)</p> <p>(b) Identify clinical practice and service delivery factors that impact on Aboriginal and Torres Strait Islander clients, including identification of Aboriginality. (N)</p> <p>4.2 (a) Critically examine the culture of nursing and midwifery, along with the broader health system, in terms of their impact on Aboriginal and Torres Strait Islander health service experiences. (I)</p> <p>(b) Develop strategies for personal and professional advocacy, leadership and resilience in working with health system challenges to cultural safety, including in partnership with Aboriginal and Torres Strait Islander nurses, midwives and other health leaders. (I)</p> <p>4.3 (a) Apply principles and practices of cultural safety in clinical practice and service delivery. (ETP)</p> <p>(b) Demonstrate/apply strategies for personal and professional leadership and resilience in working with health system challenges to cultural safety, including in partnership with Aboriginal and Torres Strait Islander nurses, midwives and other health leaders. (ETP)</p>	<p>Short answer/multiple choice questions; Oral examination/critique; short essay</p> <p>Reflective journal; critical essay; research paper; data based-project; design strategy/project; individual/group oral presentation; portfolio</p> <p>Design strategy/project; group/individual oral presentation; research successful strengths-based initiatives and identify critical success factors; create poster; concept map</p>

## 3.3 Requirements for successful implementation

The original Framework explains that:

*Implementing curricula successfully is not just about content; it must address the overall educational journey where students are guided through a set of teaching, learning and assessment experiences toward the achievement of educational outcomes and graduate attributes (Hughes et al. 2012). To enable these learning outcomes to be reached, there are many elements throughout the journey that need to be considered. These include factors at the level of direct content delivery; professional development and support for educators; and elements that enable a supportive organisational context. (Section 3-7)*

As explained in Table 1 in Section 2 of this document, there are multiple aspects of 'Section 3: Implementation guidelines' in the original Framework that are useful to nursing and midwifery educators. Although there is some discussion of the following areas in the original Framework, they are highlighted for the particular attention of nursing and midwifery educators.

These areas reflect the combined experience of nursing and midwifery educators involved in creating the N&M Framework. They will enable universities to ensure they meet the current nursing and midwifery accreditation standards, as well as position universities to meet any improvements made to the standards focused on Aboriginal and Torres Strait Islander curriculum, student recruitment and retention, staff recruitment and retention, and governance.

### 3.3.1 Leadership and strategy

High level leadership and strategy is critical to the successful development and implementation of the N&M Framework – at University, Faculty and School executive level. This includes:

- championing the importance of Aboriginal and Torres Strait Islander health
- leadership of the implementation plan and securing required resources to do this to a high quality standard
- shared leadership across Schools in Faculties of Health to promote alliances and sharing of resources for mutual benefit and best outcomes.

It is vital that the N&M Framework content is articulated and highly visible in the School's strategic planning, documentation and monitoring activities so there is an accountability process in place to track how it is implemented.

### 3.3.2 Embedding community partnerships in governance

Universities and schools implementing the N&M Framework should already be working with an appropriate governance committee that has Aboriginal and Torres Strait Islander representatives, and oversees and guides curriculum development, i.e. consistent with the ANMAC standards. It may be the appropriate committee to oversee implementation of the N&M Framework. If such a

committee is not yet in place, it would be a high priority to establish one. The Committee's roles would include overseeing:

- content, including partnerships with the community on adaptation of the curriculum to local contexts (this may require new as well as existing partnerships)
- assessment design
- reviewing staff capacity and what steps are required to enhance it (see Section 3.3.3).

Whether universities and schools integrate this role with an existing committee or establish a new committee, careful consideration must be given to the Aboriginal and Torres Strait Islander representatives invited to participate. It may involve an extension of existing membership. For example, participants can include relevant Aboriginal and/or Torres Strait Islander health leaders, representatives from local Aboriginal health organisations, secondary schools and vocational education providers in order to connect with feeder pathways and link into existing university governance frameworks.

### 3.3.3 Staff capacity

Staff capacity is an essential element to address for nursing and midwifery schools when implementing the N&M Framework. Currently there is a low number of Aboriginal and Torres Strait Islander teaching staff in universities, a low number of non-Indigenous teaching staff with the requisite knowledge and skills, and under-resourcing of teaching staff in general. Therefore, building cultural safety in the workplace, and up-skilling all staff in knowledge and skills in cultural safety and Aboriginal and Torres Strait Islander health are critical steps for implementing and delivering curriculum.

Nursing and midwifery schools should:

- ① Set minimum skill requirements for teaching, tutoring and marking staff. This includes compulsory cultural safety and anti-racism training, **not** cultural awareness training (see the description of 'Cultural safety' in Section 3.1.1 and in the 'Glossary').
- ① Secure the support of staff at all levels for governance, management and implementation of the curriculum – an important underpinning for achieving this is providing cultural safety training to all of these staff.
- ① Recognise the emotional labour of Aboriginal and Torres Strait Islander **staff** within the School and wider university through formal support and resources.
- ① Recognise that Aboriginal and Torres Strait Islander **staff** must have access to the professional development and support identified for non-Indigenous staff. Do not assume they are fully equipped to develop and deliver curriculum, as well as support Aboriginal and Torres Strait Islander students just on the basis of their cultural identity.
- ① Establish standardised processes for culturally safe moderating as part of the university quality review process for assessment.

- ⑥ Ensure an Aboriginal and Torres Strait Islander employment strategy is in place and/or actively support the university-wide Aboriginal and Torres Strait Islander employment strategy.<sup>3</sup>
- ⑥ Establish and support active pathways for progression and professional development of Aboriginal and Torres Strait Islander staff.

### 3.3.4 Aboriginal and Torres Strait Islander student support needs

The ANMAC standards for Registered Nurses and Midwives both have a specific standard focused on Aboriginal and Torres Strait Islander students – the current versions read:

*Nurses: 6.8 Aboriginal and Torres Strait Islander peoples are encouraged to enrol and a range of support needs are provided to those students. (Australian Nursing and Midwifery Accreditation Council 2012, p. 16)*

*Midwives: 6.8 Affirmative action strategies are adopted to support the enrolment of Aboriginal and Torres Strait Islander students and a range of supports are provided to students. (Australian Nursing and Midwifery Accreditation Council 2014, p. 20)*

These standards require nursing and midwifery schools to recognise the emotional labour and journey of Aboriginal and Torres Strait Islander students within the school and wider university, and provide formal support and resources. Schools must consider the existing ability of their staff to provide this support, and the steps needed to improve what is provided and how it is implemented.

An important component that may not receive sufficient consideration is the need to prepare academics and Aboriginal and Torres Strait Islander students for teaching and learning on cultural safety and Aboriginal and Torres Strait Islander health. At times this content can be traumatic for Aboriginal and Torres Strait Islander students depending on their history and experiences, how it is structured and the modalities used to engage students. Ideally such material would be experienced as acknowledging and validating their realities. Such an outcome would be more likely if greater preparation of academics in creating and maintaining culturally safe learning spaces was undertaken, and if Aboriginal and Torres Strait Islander students were briefed on the units beforehand.

In addition to the daily experience of being ‘racialised’, Aboriginal and Torres Strait Islander students frequently face racial prejudice and discrimination from non-Indigenous peers on a number of additional fronts in tertiary education e.g. regarding their presence at university, how they accessed their place, and what support they are and are not receiving. These dynamics can escalate when curriculum on Aboriginal and Torres Strait Islander health is being covered. This

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<sup>3</sup> Aboriginal and Torres Strait Islander staff must meet the three part definition of identity, i.e. are of Aboriginal or Torres Strait Islander descent, identify as an Aboriginal person and/or a Torres Strait Islander person, and are accepted as such by the community in which he/she lives.

situation can contribute to Aboriginal and Torres Strait Islander students choosing not to declare their cultural identity within the School and/or the university.

Therefore, critical questions for nursing and midwifery schools to address are:

- ① Have specific strategies been developed for academic staff and Aboriginal and Torres Strait Islander students to prepare adequately for teaching and learning in relation to Aboriginal and Torres Strait Islander knowledges and well-being?
- ① Have specific strategies been developed for Aboriginal and Torres Strait Islander to seek support, if needed, based on either the content or how their non-Indigenous peers respond in teaching and learning spaces, including online?
- ① Have specific strategies been developed for educating non-Indigenous students on the necessity of affirmative action strategies for Aboriginal and Torres Strait Islander students, and the respect that is required when discussing curriculum that describes the lived experience of their families and communities?
- ① What is the existing ability of academic staff to both identify and respond to the support needs of Aboriginal and Torres Strait Islander students, and what should be done to enhance this?

### 3.3.5 Ensuring the allocation of sufficient resources

Resourcing the N&M Framework implementation process is paramount. Schools of Nursing and Midwifery should plan for the allocation of resources for enhancing staff capacity as outlined in section 3.4.3. Resources will be required to:

- build staff capacity in understanding and teaching cultural safety, and providing support to Aboriginal and Torres Strait Islander students, i.e. through both professional development and recruitment
- prepare for and support the cultural safety of educators who deliver the curriculum, both Aboriginal and Torres Strait Islander and non-Indigenous educators, including access to cultural supervision and mentoring from Aboriginal and Torres Strait Islander people.

### 3.3.6 Integrated and discrete curriculum content

Since the advent of national nursing and midwifery standards in 2009, ANMAC has included a standard on the inclusion of Aboriginal and Torres Strait Islander history, health, wellness and culture. The current ANMAC standards for Registered Nurses and Midwives in relation to content on Aboriginal and Torres Strait Islander health read:

*Nurses: 4.6 Inclusion of a discrete subject specifically addressing Aboriginal and Torres Strait Islander peoples' history, health, wellness and culture. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples are also appropriately embedded into other subjects within the curriculum. (Australian Nursing and Midwifery Accreditation Council 2012, p. 14)*

*Midwives: 4.7 Inclusion of a discrete subject specifically addressing Aboriginal and Torres Strait Islander peoples' history, health, wellness and culture. Midwifery practice issues relevant to Aboriginal and Torres Strait Islander peoples and communities are also appropriately embedded in other subjects across the curriculum. (Australian Nursing and Midwifery Accreditation Council 2014, p. 18)*

Further, both have a standard that reads in a similar manner to this: “inclusion of content giving students an appreciation of the diversity of Australian culture, to develop and engender their knowledge of cultural respect and safety” (Australian Nursing and Midwifery Accreditation Council 2014, p. 18).

ANMAC standards are the **minimum** requirements to be met by higher education providers; effective implementation of the N&M Framework would mean Schools of Nursing and Midwifery meet and exceed the existing standards and may inform the development of future reviews of the standards.

Therefore, the N&M Framework should be delivered through **having both** discrete subjects **and** content integrated across other subjects in the nursing and midwifery curriculum. An initial curriculum mapping process will be required to identify what content is currently delivered and where in the curriculum, and compare this with the material in Tables 2 and 3 in this document.

### 3.3.7 Continuous quality improvement

The development and implementation of the N&M Framework is a **starting point**. It will need regular review and improvement, as for any other aspect of curriculum. Cyclical review points should be identified in the School's implementation plan.

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## Glossary

The following descriptions explain the meaning of specific terminology used in the N&M Framework.

**Cultural awareness:** Cultural awareness training focuses on:

*...raising the awareness and knowledge of participants about the experiences of cultures different from their own - in particular, different from the dominant culture. Therefore, cultural awareness training maintains an ‘other’ rather than clear self-focus for participants. It... tends to have an individual/personal rather than systemic focus. Even if racism is named the focus is on individual acts of racial prejudice and racial discrimination. While historical overviews may be provided, the focus is again on the individual impact of colonisation in this country, rather than the inherent embedding of colonising practices in contemporary health and human services institutions. (NACCHO 2011, p. 9)*

**Cultural capabilities:** This term is used in the original Framework (Commonwealth of Australia, Department of Health 2014) and reflects the outcome of a recent literature review (Taylor et al. 2014) that indicates a move away from the idea of ‘cultural competence’ to focusing on the development of cultural capabilities, which “denotes ongoing learning, and for students/health professionals to demonstrate these capabilities in practice” (p. 3). The idea of developing capabilities:

*... offers not only a more holistic framework for approaching the kinds of skills, attributes and knowledges that need to be developed; but an approach that moves away from reducing individuals to tick box cultural categories and instead towards abilities that can be responsive to the diversity of Aboriginal and Torres Strait Islander peoples. (p. 8)*

The original Framework emphasises that capabilities are “holistic, transferable and responsive, and can be adapted to new and changing contexts” (Section 2, p. 27). Five interconnected graduate cultural capabilities are identified: respect, communication, safety and quality, reflection and advocacy. Please refer to Section 2, pages 8-10 of the original Framework for more detail on how each capability is described.

**Cultural respect:** This refers to the demonstration of individual and institutional health care practice that respects the rights of Aboriginal and Torres Strait Islander Australians to maintain, protect and develop their cultural values, knowledges, practices and skills. This contributes to Aboriginal and Torres Strait Islander Australians experiencing cultural safety during their interactions with the health care system, whether as staff or clients, and achieving equitable health outcomes (Australian Health Ministers Advisory Council’s Standing Committee on Aboriginal and Torres Strait Islander Health Working Party 2004).

Further, as emphasised in NACCHO’s (2011) background paper to the creation of ‘Cultural Safety Training Standards’:

*... cultural respect means Aboriginal Peoples receive competent and skilled professional care from health workers who demonstrate consciousness that respect for different cultural*

values and meanings must be taken into consideration within their practice. They actively ensure culturally-informed health care decisions are made with and by the Aboriginal person and their family members, so that their rights to quality care are upheld. This includes recognition that Australian health care systems are based on the cultural values and beliefs of the dominant culture. Therefore, in order to demonstrate cultural respect, aspects of the system must be changed, adapted and/or challenged. (p. 12)

**Cultural safety:** The New Zealand Nursing Council (2011) defines cultural safety as:

*The effective nursing practice of a person or family from another culture...The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact of his or her culture on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well being of an individual. (p. 7)*

CATSINaM (2014b) identifies the following essential features of cultural safety that should be reflected in cultural safety training, and in individual and institutional health care practice:

- An understanding of one's own culture.
- An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s).
- It is informed by the theory of power relations - any attempt to depoliticise cultural safety is to miss the point.
- An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations People's lives and wellbeing – both in the past and the present.
- Its presence or absence is determined by the experience of the recipient of care – it is not defined by the caregiver. (pp. 8-9).

Two other CATSINaM resources that explore cultural safety in health, nursing and midwifery are CATSINaM (2014a; 2016).

**Cultural supervision and mentoring:** The reference to cultural supervision and mentoring in this framework refers specifically to supervision provided by an experienced Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander person (within or external to the university) for non-Indigenous or Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander academic staff. It focuses on supporting and developing the supervisee's cultural capabilities in delivering nursing and midwifery education regarding health care for Aboriginal and Torres Strait Islander Australians.

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