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Welcome from the President

Carmen Morgan FACN, President of ACN

The Australian College of Nursing (ACN) is pleased to deliver the November edition of NurseClick to you.

Our focus this month is nursing in immigration detention centres. ACN has maintained a strong stance that the health and wellbeing of people in immigration detention centres must be made a priority and that is reflected in this month’s content.

This month our snap-shot section is immigration themed. You can find reports and statistics to inform yourself about the number of adults and children in immigration detention centres as well as learn more about the ways people are assisting them.

Our Policy team has written about the standards of health care in immigration detention centres and that it needs to be an ongoing priority. The article highlights ACN’s concern about the conditions in the immigration detention centres, on and offshore, as well as the lack of government action.

ACN immunisation tutor, Kaylene Prince, has written about her experiences as a nurse working in an Immigration Detention Facility and the lessons she learnt about providing immunisations to people detained in the centres.

Registrations for Leadership@ACN are now open. Launched at the National Nursing Forum, Leadership@ACN offers programs for nurses, at any stage of their career, to develop their leadership skills. You can find more information about the programs on offer here.

Finally, this month we profile Mary Lane MACN, an Indigenous nurse working in Melbourne. Mary is passionate about the health of all Indigenous Australians and sees the need to work to increase the recognition of Indigenous knowledge and culture in the Australian health community.

“The article highlights ACN’s concern about the conditions in the immigration detention centres, on and offshore, as well as the lack of government action.”
**Writing Through Fences**

Mental illness is the number one reason that people in detention present to hospital for treatment. From her kitchen table in Central Victoria, Janet Galbraith coordinates an online writing group called *Writing Through Fences* where around 100 asylum seekers share their writing and poetry on Facebook. The group has become a community that cares for each other’s mental health across oceans and through fences. Read more [here](#).

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**National Inquiry into Children in Immigration Detention 2014**

In 2014 the Australian Human Rights Commission launched an inquiry into children in closed immigration detention. The purpose of the Inquiry was to investigate the ways in which life in immigration detention affects the health, well-being and development of children.

Key statistics from the Inquiry:

- **983 children in immigration detention:** 775 children are held in locked immigration detention facilities in Australian territories and 208 children are held in detention in Nauru (as at 31 May 2014).
- **304 children** are detained on Christmas Island as at 31 March 2014 and are subject to offshore transfer to Nauru as prescribed by Australian Government policy.
- **54 unaccompanied children** are held in immigration detention facilities in Australia (as at 31 March 2014).
- **128 babies** were born in immigration detention facilities in Australia in the period 1 January 2013 to 31 March 2014.
- **There are 518 children** of compulsory school age (5 to 17 years) in immigration detention in Australia. **338 children** attend an external school at 31 March 2014.
- **128 babies** were born in immigration detention facilities in Australia in the period 1 January 2013 to 31 March 2014.
- **School education on Christmas Island** is limited to a maximum of 2 weeks per child. The **average length of time** that children have been detained on Christmas Island is **221.5 days**. There were **160 school aged children** as at 31 March 2014.

Read more about the Inquiry [here](#).

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**Table: Immigration Detention and Community Statistics**

<table>
<thead>
<tr>
<th>Place of immigration detention</th>
<th>Men</th>
<th>Women</th>
<th>Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christmas Island Immigration Detention Centre</td>
<td>707</td>
<td>0</td>
<td>0</td>
<td>707</td>
</tr>
<tr>
<td>Maribyrnong Immigration Detention Centre</td>
<td>100</td>
<td>8</td>
<td>0</td>
<td>108</td>
</tr>
<tr>
<td>Villawood Immigration Detention Centre</td>
<td>256</td>
<td>33</td>
<td>0</td>
<td>289</td>
</tr>
<tr>
<td>Total Immigration Detention Centres and Alternative Places of Detention</td>
<td>2170</td>
<td>511</td>
<td>573</td>
<td>3254</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Offshore Processing Centres</th>
<th>Men</th>
<th>Women</th>
<th>Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Republic of Nauru</td>
<td>687</td>
<td>289</td>
<td>193</td>
<td>1169</td>
</tr>
<tr>
<td>Manus Province, Papua New Guinea</td>
<td>1189</td>
<td>0</td>
<td>0</td>
<td>1189</td>
</tr>
<tr>
<td>Total Offshore Processing Centres</td>
<td>1876</td>
<td>289</td>
<td>193</td>
<td>2358</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period Detained</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days or less</td>
<td>70</td>
</tr>
<tr>
<td>8-31 days</td>
<td>113</td>
</tr>
<tr>
<td>32-91 days</td>
<td>137</td>
</tr>
<tr>
<td>92-182 days</td>
<td>220</td>
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<tr>
<td>183-365 days</td>
<td>2035</td>
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<tr>
<td>366-647 days</td>
<td>775</td>
</tr>
<tr>
<td>548-730 days</td>
<td>106</td>
</tr>
<tr>
<td>Greater than 730 days</td>
<td>168</td>
</tr>
<tr>
<td>Total</td>
<td>3624</td>
</tr>
</tbody>
</table>

Read more from the report [here](#).
Getting the message across

By Kaylene Prince, ACN Immunisation Tutor

Immunisations, for most Australians, are taken with no hesitation. However, my time working in an immigration detention facility showed that this faith is not shared by everyone.

Most clients would present with their husbands or respective partners for vaccination, following a prompt to attend the vaccination clinic. Mostly, clients were concerned about vaccination during pregnancy, vaccination whilst breastfeeding, multiple injections for babies and multiple injections for adults. The last concern was particularly raised by the male population.

While none of these concerns are new to the immunisation community, it is worth noting that clients often changed their minds about “up-taking the vaccine”, during the same session, depending on the clinicians approach and communication style. Immunisation providers need to take into consideration: cultural differences; language barriers; the client’s level of education; and inaccessibility to vaccine information in their home countries, to increase the chance of the client agreeing to be immunised. The final point, in particular, seemed to be of great importance when offering vaccination to the detention population.

Through my time working as an immunisation provider in an immigration detention centre I developed my own list of communication approaches to encourage clients to vaccine.

- Establish trust and confidence and introduce yourself by name and title. You may choose to mention your level of experience if clients are particularly hesitant or concerned, especially pregnant women and couples.
- Make sure you know your clients name, not just their identification number.
- Point out that vaccinations given to these groups are not just because they are in detention, some clients may already know this but reiterate it anyway.
- Clearly and simply explain the benefits and the risks.
- When offering influenza vaccine to pregnant women/couples, remind clients that the same options are offered to the mainstream Australian population.
- As with mainstream clients, provide clients with an opportunity to return later, if they remain hesitant.
- Make sure to rebook and follow up one week later.
- Some clients are hesitant to have their children vaccinated as they may have been vaccinated in their country of origin, however they are not in a position to produce written evidence. Clients have internet access and some clients are able to contact their family in their home country who can post the information on Facebook and the client can copy it from there.
- Make sure appropriate interpreter services are available. Bear in mind, that on rare occasions some interpreters may struggle with the translation of the disease name.
- Remember to ask if they have any further questions or concerns they may wish to address.
- Written translations would be very useful, particularly to hesitant clients - ensuring the accuracy of information provided and, it also presents an opportunity to discuss the information with partners and often, other members of the detention population.

Although it is a very busy environment at times, do not just provide the cold, hard facts. Let people know who you are and what you do. Address them by their names, acknowledge the cultural differences and their concerns and most of all, let them know that vaccinations offered in detention facilities comply with the National Immunisation Schedule for all Australians.
In 2015, the Australian College of Nursing (ACN) will launch *State Matters* - a series aimed at providing nurses with the opportunity to engage with each other and hear from leading local presenters on key policy issues and state based factors affecting nurses across the public, private and aged care sectors.

**Invitation**

ACN is seeking expressions of interest from nurses in NSW who would like to profile a specific project or development taking place locally that demonstrates the contribution nurses make to the health care system. To be considered for presentation the project should meet the following criteria:

- Demonstrate leadership in nursing or leadership by nurses in broader health projects/strategies.
- Express innovation and potential advancements to nursing practice.
- Potential to implement project concepts across various settings.

Expressions of interest for *NSW Matters* close on Friday 19 December 2014.

Other states and territories will be opening soon. Download information on the Expressions of interest for ACN State Matters or visit the [ACN website](#) for more information.

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Leadership@ACN is a practical and relevant leadership development and education program for all nurses at all stages of their career.

The health care environment is becoming increasingly complex and there is a clear link between nursing leadership, patient outcomes and recruitment and retention. A nurse’s leadership capability plays a critical role in how health services are delivered to the community. That’s why ACN developed the Leadership@ACN program. Each program is designed to challenge and support the unique needs of nurses with different levels of experience - be they in a formal leadership role or interested in leadership.

Programs include:

- **Leadership FIRST series** - for early to mid-career nurses, this series will help you develop, inspire and lead effectively by expanding your capability and building your confidence. A highly interactive two day seminar that will give you insights into your leadership style and the realities of being a leader in a health care environment.

- **Leadership MASTER series** - has been developed for nurse executives and also for those nurses who aspire to an executive level role. The Leadership MASTER series commences with a one day session led by David Bartlett, the former Premier of Tasmania, who will share key learnings on adaptive leadership and inspire you to think critically about health care leadership, find your ‘strategic voice’ and think differently about your working environment.

- **Graduate Certificate in Leadership and Management** - designed for registered nurses and midwives aspiring to management positions within the contemporary health care landscape. This course aims to develop knowledge, skills and attitudes relevant to clinical leadership and management incorporating human resource management, financial management and quality processes.

- **ASTUTE Management series** - will commence in late 2015 and will develop the skills you need to effectively manage a ward. It focusses on areas such as negotiating politics and managing resources, staff, budgets and outcomes.

Learn more
The Nursing and Midwifery Board of Australia (NMBA) held a national two day conference in Melbourne from 9 to 11 November that brought together national, state and territory Board members as well as participants from the Nursing and Midwifery Council of New South Wales.

Dr Lynette Cusack, Chair of the NMBA opened the conference saying, “We have overcome many of the initial hurdles of the National Scheme. This conference is now an opportunity to reflect on our experiences and work towards engaging with members of the nursing and midwifery profession in ensuring that we fulfill our responsibility of public protection”

Several speakers and members of the both the nursing and midwifery professions and community shared their reflections and views on a range of topics from current issues in regulation of nurses and midwives, rural and remote regulatory issues, IQNM regulatory issues to the future of healthcare in Australia.

In particular, key note speaker Dr Ian Freckleton, QC, a longstanding member of the Medical Practitioners Board of Victoria and the Psychologists Registration Board of Victoria, gave insights on health practitioner regulation in Australia, the importance of the roles of the national board and state and territory boards and future challenges for the regulation of nurses and midwives.

Mr Paul Laris, Chair of the Australian Health Practitioner Regulation Agency (AHPRA) Community Reference group, shared insights on pathways to building effective community engagement within the National Scheme and the value of respectful relationships between the practitioners, regulators and the community.

AHPRA CEO Martin Fletcher said, ‘By law, the core purpose of the National Scheme is to protect the public and facilitate access to safe, flexible and sustainable health service. While we have many different roles and responsibilities, most of what we do boils down to patient safety.’

Dr. Cusack closed the conference by highlighting three key themes and challenges;

- Complexity and consistency – the National Scheme has its complexities and we strive towards consistent decision making in our registrations and notifications processes.
- Courage - to make the right decisions and strike a balance between public safety and regulatory burden for practitioners.
- Better engagement - the patient and the public are at the heart of NMBA work and we are always looking at further ways to engage better with our practitioners.

From early 2015, National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) will implement a new procedure for checking international criminal history. The new approach aims to balance protecting the public without unnecessarily delaying the registration process for applicants.

Certain applicants and practitioners will need to apply for an international criminal history check from an AHPRA approved supplier. The list of AHPRA approved suppliers will be published on the AHPRA website in the coming weeks.

AHPRA CEO, Martin Fletcher said, ‘This process brings our international criminal history checks in line with our approach to domestic criminal history checks. It is fair and reasonable for practitioners and will give the community in Australia greater assurance.’

For more information on AHPRA’s criminal history check process, visit www.ahpra.gov.au.
Training and Assessment

Are you an enrolled nurse (EN) wishing to gain the minimum standard credential (Diploma of Nursing) or higher (Advanced Diploma)?

Places are still available for the following fee-paying courses starting in February 2015:

**HLT51612 Diploma of Nursing (Enrolled/Division 2 Nurse)**
This is an upskilling pathway for ENs who already hold the medication management credential, and wish to obtain the Diploma of Nursing qualification to further their employment opportunities or meet the minimum national standard.

**HLT61107 Advanced Diploma of Nursing (Enrolled/Division 2 nursing) – now fully online in 2015**
If you have a Diploma of Nursing and are working in aged care, perioperative, critical care or mental health, ACN offers an Advanced Diploma course which enables students to gain knowledge and skills underpinning their work in these specialty areas. Students further develop their research skills, and extend their ability to comprehensively assess, plan and manage quality client care.

Enrolments close on Friday 9 January 2015, so why wait, enrol today.

Download our Training and Assessment Handbook to find out more about all EN courses on offer.

Immunisation for RNs

*Become authorised in NSW, VIC, SA and TAS*

› Click here for more information

DISTANCE EDUCATION

Many single subjects to study anywhere, anytime.

See our postgraduate studies handbook for more.

ACN 2015 Educational Programs – now open

We’re pleased to announce that our educational handbooks for 2015 are now available and enrolments have opened

For more information visit our website at www.acn.edu.au or call 1800 265 534
Working to improve Indigenous health outcomes

I currently work with Monash Health at Dandenong Hospital West 4 which is an endocrine/respiratory ward.

I completed my nursing studies in 2012 and have worked part time as a nurse since then. I worked at Broome Regional Aboriginal Medical Centre as a nurse and in September 2013 I moved to Victoria and secured a job as the Healthy Koori Kids Paediatric Nurse within the Aboriginal Health Team with Monash Health Community. I applied for the Monash Health 2014 Graduate Nurse Program while working in the community health setting and was accepted.

I had many roles throughout my ten years working with KAMSC, from administration, research, stores and pharmacy, health promotion, and then finally becoming an Aboriginal primary health care worker. My passion came from the relationships of people working within the Aboriginal community controlled section and the patients that walked through our doors every day.

There are so many highlights that have grounded me in my nursing career. When I was working as an Aboriginal primary health care worker in the Broome Hospital, I looked after an Aboriginal woman who was not from my community and who didn’t speak English as her first language. She had been in the hospital for a couple of days and in the handover they said she was refusing to eat, throwing away her meals and could be violent at times. As soon as I walked into her room and introduced myself she had this biggest smile on her face, she reached for my hands, squeezed them tight and repeated the words thank you, thank you. It turned out her son died the day before her admission. Her injuries were self-inflicted as part of the grieving process and her cultural needs were not met or documented. This was not the fault of the hospital but more the system not having the resources to better meet or understand the needs of Aboriginal patients. This was when I knew how important my role was at hospital and that there was a need for more Aboriginal people to be working within the mainstream health services.

As a nurse we face many challenges, but as an Aboriginal nurse it is racism from patients and colleagues that is the biggest challenge.

I was inspired to begin my nursing career at the age of 18 while working with Kimberley Aboriginal Medical Services Council (KAMSC) in Broome WA as a receptionist. While there I was able to learn about Aboriginal health in an Aboriginal community control setting and how important it was being an Aboriginal woman and a mother to look after my people and community to better our lifestyle, education and live a longer, more sustainable life.

As a nurse we face many challenges, but as an Aboriginal nurse it is racism from patients and colleagues that is the biggest challenge. There is a lack of understanding and respect of cultural ways and knowledge of Aboriginal people that is not yet recognised at a greater level.

Aboriginal nursing students can also struggle with not having enough support systems in place within the hospital setting and the lack of mentors or other Aboriginal support workers to access.

Another challenge that is important to me is the lack of graduate opportunities for Aboriginal nurses and nursing students in general. If there could be Aboriginal Graduate Nurse positions available, more Aboriginal nurses would be encouraged to apply, especially in larger hospitals, and the number of Aboriginal nurses would increase.

The thing I love most about nursing is the opportunity for continual knowledge and education, and being able to see my people go home from hospitals feeling better. Most importantly for me, it is being able to give back to the Aboriginal community so we can teach, improve, sustain and look after the generations to come. It is about knowing that when I get sick that I know there will be an Aboriginal nurse, just like me, who will look after me and my family, and that I have taken on my responsibility as an Aboriginal woman within community and land.