



CATSINaM

CONGRESS OF ABORIGINAL AND TORRES
STRAIT ISLANDER NURSES AND MIDWIVES



**Australian
College of
Nursing**

**Submission to the Australian Human Rights
Commission Consultation about the Wiyi Yani U
Thangani (Women's Voices) Project**

November 2018

WHO WE ARE AND OUR PRELIMINARY PERSPECTIVES GENERALLY

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and the Australian College of Nursing (ACN) welcomes the opportunity to make a submission to the Australian Human Rights Commission Consultation about the Wiyi Yani U Thangani (Women's Voices) project being led by the Aboriginal and Torres Strait Islander Social Justice Commissioner, June Oscar, AO.

We commend the Commissioner for her leadership in driving such a project that gives voice to Aboriginal and Torres Strait Islander women and girls in Australia concerning their needs, challenges and aspirations especially those marginalised groups such as linguistically diverse and Aboriginal and Torres Strait Islander lesbian, gay, bisexual, trans, gender diverse and intersex (LGBTI) persons.

CATSINaM was established in 1998 with a primary role to represent, advocate and support Aboriginal and Torres Strait Islander nurses and midwives at a national level. Aboriginal and Torres Strait Islander health professionals play a critical role in the delivery of improved health and wellbeing outcomes for all Australians. CATSINaM is committed to providing national leadership around Aboriginal and Torres Strait Islander health and health workforce.

ACN is the pre-eminent and national leader of the nursing profession. We are committed to our strategic intent of advancing nurse leadership to enhance health care for all Australians. Our membership, events and higher education services allow nurses at all levels to stay informed, connected and inspired. By bringing together thousands of passionate nurses from across the country, we provide a strong, collective voice for our profession and drive transformative change throughout the Australian health care system.

We write this joint submission from our unique position as peak bodies representing the interests of nurses and Aboriginal and Torres Strait Islander midwives throughout Australia who are committed to closing the health gap and inequalities that Aboriginal and Torres Strait Islander people experience.

Specifically, we endorse a holistic definition of health from an Aboriginal and Torres Strait Islander perspective [1] and recognise that good health and wellbeing is not just the absence of disease but also the social, emotional and cultural aspects of the whole community [2].

We also argue that any future action for Aboriginal and Torres Strait Islander women and girls should be informed by a life course approach espoused in the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) 2013-2023 [1]. Critical to the NATSIHP is a racist free and equitable health system that provides effective, high quality, appropriate and affordable health care together with addressing the social determinants of health such as employment, education and housing issues [1]. In addition, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 is also critical because it provides a model of practice to address the high incidences of social and emotional

wellbeing issues and mental health matters affecting Aboriginal and Torres Strait Islander people particularly in regards to suicide prevention [3]. We concurrently recommend that during deliberations the Social Justice Commissioner also considers the evaluation report about those solutions that we know works in Aboriginal and Torres Strait Islander communities about suicide prevention [4].

These polices/reports illustrate ‘strengths based’ approaches that emphasise human rights, partnership, holism and wellbeing as foundational to Aboriginal and Torres Strait Islander health care delivery [5]. Importantly, connection to Culture is reinforced in these frameworks in recognition that good health and wellbeing can be achieved when Aboriginal and Torres Strait Islander people are connected to their country, languages and other cultural practices like the spiritual world [1, 3]. Furthermore, that the legacy of colonisation continues to sustain the inequities and inequalities experienced globally by Indigenous people that require structural transformation if real sustainable health and wellbeing outcomes are to be achieved [6].

In Australia, such structural reforms include constitutional reform and supporting the recommendations arising from the Uluru Statement from the Heart [7]. We believe that constitutional reform will support the principles of self-determination and overtime this will influence all aspects of government and public policy [7].

WIYI YANI U THANGANI – WOMEN’S AND GIRLS VOICES

Our experiences and views concerning the issues facing Aboriginal and Torres Strait Islander women, girls and their families from a nursing and midwifery professional perspective

We acknowledge that the historical, social, economic, political and cultural issues facing Aboriginal and Torres Strait Islander women, girls and their families have a significant impact on their health and wellbeing. This is evident in a 10-year life expectancy that is lesser when compared to non-Indigenous women and girls [8, 9]. These issues are complex and inter-related and we argue for system-wide change to occur if sustained achievements are to be realised.

We present this submission from a nursing and midwifery profession by highlighting some of the critical strategies that we support and have been undertaking. We then provide a discussion about the need for a system-wide approach and suggest some strategies about how this can be undertaken. Finally, we provide an example of how systems and practices can change by using the ‘Birthing on Country’ initiative as an example. We conclude this submission with other specific issues that we highlight as important matters relevant to the Wiyi Yani U Thangani project.

Cultural Safety

As peak national bodies for the nursing and Aboriginal and Torres Strait Islander midwifery profession, it is incumbent to ensure that we have a health system that is free of racism and rightfully respects the diverse and cultural needs of Aboriginal and Torres Strait Islander women, girls and their families. It is because Aboriginal and Torres Strait Islander people have a right to a culturally safe environment that is striving for better health outcomes [10].

Cultural safety requires the nursing and midwifery profession to understand

‘The social, historical and structural factors that can have an impact on the health of Aboriginal and/or Torres Strait Islander peoples...’cultural safety means providing care that takes into account Aboriginal and/or Torres Strait Islander people’s’ needs [10]

Cultural safety is also applicable to those Aboriginal and Torres Strait Islander nurses and midwives who work in the profession that also have a right to a safe and culturally safe working environment [11].

ACN supports CATSINaM who state that cultural safety is just as ‘important to quality care as clinical safety’ [11]. Furthermore that, cultural safety

Is about how a health professional does something, not [just] what they do.... 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 ... [it’s] a 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 cultural beliefs and values impact on care [11].

In Australia, we have integrated cultural safety requirements into the profession’s codes of ethics and standards of practice [12-15]. This is a significant achievement for the nursing and midwifery profession. However, we recognise that there remains a long way to go before we can confidently say that our nursing and midwifery care and practice(s) is culturally safe. Nonetheless, overtime we expect that the care provided to Aboriginal and/or Torres Strait Islander women, girls and their families will be assessed by them (as either clients and as nurses or midwives) as being culturally safe. The challenge for the nursing and midwifery profession is to continue to embed culturally safe practices into the workforce, the Australian education sector and into health care generally.

It is therefore a necessity that a system-wide approach to embedding cultural safety into practice is imperative. We therefore recommend that the way that cultural safety has been embedded throughout the nursing and midwifery ethical codes of practice and professional standards need to occur amongst other health professionals, if they have not done so yet.

Although, we know that recently the Council of Australian Government’s August 2018 Health Council meeting requested the Australian Health Practitioner Regulation Agency to provide options about how to provide cultural safety training for health professions [16]. This represents a significant step forward to ensuring cultural safety is consistently applied across all Australian health care professionals. Although it is critical that such options have been developed in collaboration with Australia’s Indigenous Health Leaders such as the National Health Leadership Forum who is the national representative health forum for Aboriginal and Torres Strait Islander peak bodies in Australia [17].

A system-wide change is warranted

Critical to a system-wide change is a necessity for a multi-faceted approach.

Health professionals themselves must lead the way to acknowledge their contributions to sustaining the health disparities and inequities that Aboriginal and Torres Strait Islander people experience. This has been the case for the Australian Psychological Society who apologised for their profession's part in contributing towards the inequities that Aboriginal and Torres Strait Islander families and communities encounter [18]. Also, the Aboriginal and Torres Strait Islander Health Strategy Statement of Intent signed by all parties participating in the National Registration and Accreditation Scheme is another example involving key health professionals and institutions reinforcing their commitment to achieving health equity for Aboriginal and Torres Strait Islander communities [19]. They are committed

To ensuring that Aboriginal and Torres Strait Islander Peoples have access to health services that are culturally safe and free from racism so that they can enjoy a healthy life, equal to that of other Australians, enriched by a strong living culture, dignity and justice. We also commit to ensuring that Aboriginal and Torres Strait Islander peoples are actively leading the design, delivery, and control of health services [19]

These symbolic gestures provide a strong foundation to continue the work of improving the health of Aboriginal and Torres Strait Islander women, girls and their families.

Further, with the new six Aboriginal and Torres Strait Islander actions that have been embedded into the Australian Commission on Safety and Quality in Health Care's 2nd Edition of the National Safety and Quality in Health care and Service Standards [20], we can expect real system-wide change. These six new actions require health care providers and services to

1. Work in partnership with Aboriginal and Torres Strait Islander communities
2. Ensure that clinical governance mechanisms
 - a. Specifically target the health needs of Aboriginal and Torres Strait Islander people
 - b. Implements and monitors strategies to meet organisational safety and quality priorities as they relate to Aboriginal and Torres Strait Islander people
 - c. Improves the cultural awareness and cultural competency of the workforce so that they meet the unique health needs of Aboriginal and Torres Strait Islander clients
 - d. Demonstrates a culturally welcoming environment that recognises the importance of cultural beliefs and practices
3. Ask Aboriginal and Torres Strait Islander clients as to whether they identify as being Indigenous and if yes that this information is routinely collected in administrative and clinical data systems [21]

The above have been embedded into accreditation processes that require mandatory evidence of being met and, if not, then corrective steps will be taken including managing issues of non-compliance [20]. We argue that these mandatory health care safety and quality standards provide an example for what other human and social service sectors can do to achieve system change.

Finally, ACN also supports the Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service (NSQHS) Standards (second edition) which requires health service organisations to address six actions that are specific to Aboriginal and Torres Strait Islander people [21]. ACN also supports CATSINaM's work to support health services to implement practical actions to meet the new NSQHSS to improve cultural safety and deliver good health care to Aboriginal and Torres Strait Islander clients and communities. This includes the *Framework for embedding Cultural Safety in Health Services* that contains a set of useful strategies against each of the NSQHS Standards that organisations can apply accordingly [22]. It complements the User Guide for Aboriginal and Torres Strait Islander Health: National Safety & Quality Health Service Standards that the Australian Commission on Safety and Quality in Health Care has released [21]. What is critical for success of these resources is the need for training throughout the sector and CATSINaM is one organisation who offers such training.

System Change in Practice: Maternal and Infant Health Models of Care

It is well documented that Aboriginal and Torres Strait Islander women and girls die some 10 years younger than their non-Indigenous counterparts do. They have more babies at a younger age, are less likely to seek antenatal care until later in their pregnancy and have lower birth weight babies who are at a greater risk of dying early in life. We support continued and increased investment that helps mums give their babies and children a good start to life. Growing evidence suggests that to prevent or reduce chronic diseases in future life, initiatives must commence during pregnancy with women and after birth [23].

There are several successful models of care operational throughout Australia providing intrapartum, ante-natal and post-natal care to pregnant Aboriginal and Torres Strait Islander women and their babies after birth including for example

1. The South Metropolitan Perth Aboriginal Maternity Group Practice Program that employs Aboriginal grandmothers, Aboriginal Health Officers and midwives working in partnership with existing antenatal services.
2. The South Australia Aboriginal Family Birthing Program that provides culturally competent antenatal, intrapartum and early postnatal care with midwives and an Aboriginal Maternal and Infant Care worker providing care to women.
3. NSW's Aboriginal Maternal and Infant Health Service that provides a continuity of care model of care for women and their babies involving services offered by a midwife and Aboriginal Health Workers [24]

Additionally, the ‘Birthing on Country’ is another model of care that is designed to take into consideration the social and emotional needs of Aboriginal and Torres Strait Islander women, girls and their families. It offers a holistic framework of practice where cultural beliefs and practices like connection to country are imperative factors for healthy mothers and babies [23]. Whilst we advocate support for ‘birthing on country’ as a priority choice for Aboriginal and Torres Strait Islander women there will be times where the workforce may not be adequately resourced to cater for these choices. Therefore we call upon government to undertake needs based planning for workforce and infrastructure development to enable well resourced culturally safe maternity models of care.

There are other initiatives worthy of mentioning that also contributes to good health outcomes as well as social emotional wellbeing:

1. Australian model of the First 1000 Days Program that has taken “the original concept of improving nutrition and maternal and child health to include an Indigenous-led holistic and ecological framework focussed on comprehensive primary health care with a case management style of approach” [25]
2. Family Matters Campaign - *Strong communities, Strong culture. Stronger children* - initiative that is about ensuring Aboriginal and Torres Strait islander children and young people grow up in a family environment that is safe and caring where community and culture are important for good health and wellbeing.
3. Australian Nurse-Family Partnership program is a nurse-led home visiting program that aims to ensure good health is achieved for mothers and babies during those early years of life [26]

Most of these initiatives have seen improvements in accessing all forms of care during pregnancy, birth and after birth that have seen a reduction in dying rates of Aboriginal and Torres Strait Islander babies and better health gains for mothers because opportunistic health care approaches can be introduced as well [24]. Critical to such initiatives is having a community led project that is inclusive of the voices and cultural practices of Aboriginal and Torres Strait women.

Other Initiatives

To complement the above efforts is a need for continued investment in the health needs of Aboriginal and Torres Strait Islander women generally; we therefore support the continuation of

1. Aboriginal and Torres Strait Islander women and girls remaining as a priority population in the new impending National Women’s Health Strategy. However, would argue for targeted flexible funding to address the identifiable needs co-designed with Aboriginal and Torres Strait Islander women [27].
2. Investments to reduce risk factors such as smoking, obesity and sedentary lifestyles that contribute towards a high prevalence of chronic diseases and potentially preventable hospitalisation rates [28].

Finally, we support calls for action to address young Aboriginal and Torres Strait Islander people's issues relating to stress, school or study problems and body image [29]. Similarly, to co-design culturally responsive, safe and holistic initiatives with young people that is delivered by communities [29]. Although we know that more needs to be done to ensure young Aboriginal and Torres Strait Islander people live in safe, affordable housing and in an environment that is free from racism, bullying and harassment [29].

Our recommendations for change are as follows

1. That solutions designed to address the issues faced by Aboriginal and Torres Strait Islander women, girls and their families adopt
 - a. A holistic definition of health
 - b. Be informed by a life-course approach as espoused by the National Aboriginal and Torres Strait Islander Health Plan
 - c. A strengths-based approach underpinned by human rights, partnerships, holism and wellbeing
 - d. Culture as being central to the core of health and wellbeing
2. That Governments endorse and implement the Uluru Statement from the Heart in genuine partnership with the national Aboriginal and Torres Strait Islander leaders
3. That a national response to all forms of racism be addressed and agreed to by all governments
4. That investments continue and be maintained to ensure Aboriginal and Torres Strait Islander women are provided with the support to ensure their babies and children have the best start to life.

Other additional information for consideration

In terms of other additional information, we recommend that the Commissioner for Aboriginal and Torres Strait Islander Social Justice bring to the public policy attention a number of significant issues. These issues are: the high rates of homelessness amongst Aboriginal and Torres Strait Islander women and girls; the high incidence of family violence and assault that Aboriginal and Torres Strait Islander women and girls experience; the progressive increase of Aboriginal and Torres Strait Islander women and young girls being imprisoned; disability issues and ageing challenges. These issues do not have a consistent policy commitment or direction regarding how they will be addressed that is inclusive of Aboriginal and Torres Strait Islander people or their cultural beliefs and practices.

Who to contact about this submission

Janine Mohamed
Chief Executive Officer
Congress of Aboriginal and Torres Strait
Islander Nurses and Midwives
Email: ceo@catsinam.org.au
Ph: 02 6262 576

Kylie Ward
Chief Executive Officer
Australian College of Nursing
Email: officeoftheceo@acn.edu.au
Ph: 02 6283 3459 (Executive Assistant to the CEO)

References

1. Australian Government, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, Australian Health Department, Editor. 2013, Commonwealth of Australia: Canberra.
2. National Aboriginal Health Strategy Working Party, *A National Aboriginal Health Strategy*. 1989, Government of Australia: Canberra.
3. Commonwealth of Australia, *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 - 2020*, Department of Prime Minister and Cabinet, Editor. 2017, Australian Government: Canberra.
4. Dudgeon, P., et al., *Solutions that work: What the evidence and our people tell us - Aboriginal & Torres Strait Islander Suicide Prevention Evaluation Project Report*. 2016, University of Western Australia: Western Australia.
5. Fogarty, W., et al., *Deficit discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy*. 2018, The Lowitja Institute: Melbourne.
6. Kirmayer, L.J. and G. Brass, *Addressing global health disparities among Indigenous peoples*. The Lancet, 2016.
7. National Health Leadership Forum, *Strategic Priorities September 2018*. 2018, Australian Human Rights Commission: Sydney.
8. Australian Indigenous HealthInfoNet, *Overview of Australian Indigenous and Torres Strait Islander health status 2015*. 2016, Australian Indigenous HealthInfoNet: Perth, WA.
9. Australian Health Ministers Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, Department of Prime Minister and Cabinet, Editor. 2017, Australian Government: Canberra.
10. Nursing and Midwifery Board of Australia, *Fact-sheet: Code of conduct for nurses and code of conduct for midwives*, in <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>, Nursing and Midwifery Board of Australia, Editor. 2018, Nursing and Midwifery Board of Australia,; Canberra.
11. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. *CATSINaM definition of Cultural Safety*. 2015 [cited 2018 10 November]; Available from: <https://www.catsinam.org.au/policy/cultural-safety>.
12. Nursing and Midwifery Board of Australia, *Code of conduct for nurses*. 2018, Nursing and Midwifery Board of Australia: Canberra.
13. Nursing and Midwifery Board of Australia, *Code of conduct for midwives*. 2018, Nursing and Midwifery Board of Australia: Canberra.
14. Nursing and Midwifery Board of Australia, *Registered Nurses Standards for practice*. 2016, Nursing and Midwifery Board of Australia: Canberra.
15. Nursing and Midwifery Board of Australia, *Midwifery standards of practice*. 2018, Nursing and Midwifery Board of Australia: Canberra.
16. Council of Australian Governments Health Council, *COAG Health Council Communique' 2 August 2018*, Council of Australia Governments, Editor. 2018, Council of Australian Governments,; Canberra.
17. National Health Leadership Forum, *Unpublished National Health Leadership Forum: Terms of reference - April 2016*. 2016, Australian Human Rights Commission: Sydney.
18. Australian Psychological Society, *Australian Psychological Society apologies to Aboriginal and Torres Strait Islander People*. 2016, Australian Psychology Society: Melbourne.

19. Australian Health Practitioner Regulation Agency (AHPRA). *Aboriginal and Torres Strait Islander Health Strategy Statement of Intent*. 2018 [cited 2018 2 November]; Available from: <https://www.ahpra.gov.au/about-ahpra/aboriginal-and-torres-strait-islander-health-strategy/statement-of-intent.aspx>.
20. Australian Commission on Safety and Quality in Healthcare, *National safety and quality health service standards second edition*. 2017, Australian Commission on Safety and Quality in Healthcare, Sydney.
21. Australian Commission on Safety and Quality in Healthcare, *User Guide for Aboriginal and Torres Strait Islander Health: National safety and quality health service standards*. 2017, Australian Commission on Safety and Quality in Healthcare: Sydney.
22. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, *A framework for promoting cultural safety in the Australian healthcare system-Partnering for equity: A CATSINaM Framework for embedding Cultural Safety in Health Services*. 2017, Canberra: CATSINaM.
23. Kildea, S., et al., *Improving maternity services for Indigenous women in Australia: moving from policy to practice*. *Med J Aust*, 2016. **205**(8): p. 374-379.
24. Australian Government Department of Health, *Evidence evaluation report - Models for Aboriginal and Torres Strait Islander women's antenatal care*. 2017, Australian Department of Health: Canberra.
25. Arabena, K., S. Panozzo, and R. Ritte, *What hope can look like: The First 1000 Days - Aboriginal and Torres Strait Islander children and families*. *Developing Practice: The Child, Youth and Family Work Journal*, 2016. **44**: p. 26-36.
26. The Australian Nurse-Family Partnership Program. *About the Australian Nurse-Family Partnership Program*. 2014 [cited 2018 22 November]; Available from: <https://www.anfpp.com.au/about-anfpp>.
27. Australian Government, *National Women's Health Strategy 2020 - 2030 Consultation Draft*, D.o. Health, Editor. 2018, Australian Government: Canberra.
28. Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, Department of Prime Minister and Cabinet, Editor. 2017, Australian Government: Canberra.
29. Carlisle, E., et al., *National Aboriginal and Torres Strait Islander Youth Report, Youth Survey 2017*. 2017, Mission Australia: Sydney.