Melissa Sweet, Mitchell Ward and Marie McInerney reported on the CATSINaM Professional Development Conference held at the Gold Coast from 10 – 12 October 2017 for the Croakey Conference News Service.

#CATSINaM17

Croakey is a social journalism project for public health based in Australia. http://croakey.org
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The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) held its professional development conference on Yugambeh country at the Gold Coast.

Keynote speakers included Karen Cook, director of the innovation and reform section of the Federal Health Department, Dr Chris Sarra, Director of *Strong Smart Solutions*, and Dr Ruth De Souza, speaking on cultural safety in a digital world.

Conference workshops *focused* on cultural safety and the new Leadership in Nursing and Midwifery Education Network (LINMEN), excellence in mentoring, and claiming a stronger, smarter future.

At a welcome reception at Dreamworld, the LINMEN was officially launched, and conference delegates participated in cultural activities, and enjoyed powerful performances by the Yugambeh dancers.

Below are some photos and selfies.

You can also read more about the LINMEN and related activities in CATSINaM’s *latest annual report*.
Don’t miss this slideshow of photos from the welcome reception.

And below is a reflection on the day from Banok Rind, a Yamatji-Badimia woman, and Registered Nurse.

Banok Rind @banoky · 13m
Just thought I’d do a quick reflection on the first day of #CATSINaM17 conference ...

Banok Rind @banoky · 13m
Replying to @banoky
Walked in alongside my jijas to a room full of familiar faces who were also there to learn & network #CATSINaM17

Banok Rind @banoky · 12m
Replying to @banoky
For me, it’s been incredibly empowering so far, not only as a nurse but more importantly as an Aboriginal woman and nurse #CATSINaM17

Banok Rind @banoky · 11m
Replying to @banoky
Gatherings like these empower our mob but so important for our young ones to see how many deadly nurses & midwives out there #CATSINaM17

Banok Rind @banoky · 9m
Replying to @banoky
Not only that but how we embed our beautiful culture into our work that we do in the healthfield!! #CATSINaM17
Acknowledgement and welcome

Melissa Sweet
@croakeyblog

Country is about making connections & acknowledging those who walk with you: @LynoreGeia at #CATSINaM17

This is a time for building: @LynoreGeia acknowledging country at #CATSINaM17
You can track Croakey's coverage of the conference here.

Super selfies

Western Sydney University Student Midwives at #CATSINaM17

Alongside my jijas, reppin' WA #CATSINaM17

Aunty @LynoreGeia and myself at the deadly @CATSINaM conference #CATSINaM17

Super selfies

@banoky

Aunty @LynoreGeia and myself at the deadly @CATSINaM conference #CATSINaM17

Im excited 😊 @MidwivesACM #weareIndigenousmidwives #weareIndigenousnurses #CATSINaM17 @CATSINaM

#CATSINaM17 kicks off – Day 1 highlights

#CATSINaM17
You can track Croakey's coverage of the conference here.

#CATSINaM17 #weareindigenousnurses @HealthUNE @CATSINaM @OoralaNED @Indignurses

Day 1 at CATSINaM Conference! @JCU_Nursing @CATSINaM @indignurses #CATSINaM17 #weareindigenousnurses #weareindigenousmidwives

The Melbourne Aboriginal Nursing & Midwifery grad girls 😊 #weareIndigenousmidwives #weareIndigenousnurses CATSINaM17 @CATSINaM

Great to see @briscoe_karl at CATSINaM17 - new @NATSIHWA merch will be available online in 2 weeks!

#CATSINaM17 kicks off – Day 1 highlights #CATSINaM
Some New Zealand delegates at #CATSINaM17

BMid 3rd Year Gwen Blom #CATSINaM17 @MidwiferyGU

Dr Ruth DeSouza @DeSouzaRN • 5h
Lovely to meet you @ilapigila look forward to a yarn! #CATSINaM17

Melissa Sweet @croakeyblog • 6h
Views from #CATSINaM17 @mariemcinerney @CroakeyNews

You can track Croakey’s coverage of the conference here.
Stronger Smarter

Melissa Sweet @crokeyblog
We will be hearing from @StrongerSmarter @chrissarra @tobyadams80 at #CATSINaM17 @CATSINaM

Marni Tuale @MarniTuffle
@chrissarra kicking off day 1 of #CATSINaM17 #weareindigenousnurses #weareindigenousmidwives #strongersmarter @CATSINaM

Toby Adams @tobyadams80 - 4h
A huge thank you to the @CATSINaM team for allowing us to present at #CATSINaM17! It was a privilege to share @strongsmartsol with you all!
Aiming for excellence in mentoring

Mentoring panel - deadly nurses @banoky + Shahnaz Rind 👍
#weareIndigenousmidwives #weareIndigenousnurses #CATSInAM17 @CATSInAM @Indignurses

Energetic participants in #CATSInAM17 mentoring workshop
Cultural safety

Melissa Sweet @croakeyblog · 13h
Hearing about journey to create Leaders in Nursing and Midwifery Education Network (LINMEN) from Janine Mohamed of @CATSINaM #CATSINaM17

Funding for the Leaders in Nursing and Midwifery Education Network

Three years of focused effort has been put into gaining support for the concept of, designing and seeking funding for a Leaders in Nursing and Midwifery Education Network or LINMEN. This came to fruition in June 2017 when the Australian Government Department of Health confirmed a three-year funding commitment to establish LINMEN.

LINMEN is the perfect mechanism under which to continue and now extend the work of the CATSINaM Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework initiative. It will take shape over the coming year and focus on the three domains illustrated in this diagram:

1: Aboriginal History, Health, Culture & Cultural Safety Curriculum Content and Delivery
- Develop and/or share good practice curriculum and associated resources
- Develop and/or share good practice curriculum delivery strategies & guidelines

2: Workforce Development for Educators Delivering the Curriculum
- Develop and/or source training on cultural safety and the delivery of cultural safety curriculum in nursing and midwifery

3: Culturally Safe Learning and Teaching Environments for Aboriginal and Torres Strait Islander Students and Staff
- Identify and promote effective strategies for creating culturally safe learning and teaching environments

#CATSINaM #CATSINaM17

Rachel Whiting @RachWhiting90 · 11h
Proud of my girl for introducing the LINMEN line up! #CATSINaM17 @naelizzi

Croakey Conference News Service
You can track Croakey’s coverage of the conference [here](#).

#CATSINaM17 kicks off – Day 1 highlights

## Setting up

Rise and shine - a beautiful day for #CATSINaM17 #weareindigenousnurses #weareindigenousmidwives @Indignurses

We can’t wait to see you all soon #CATSINaM17 @Indignurses #weareindigenousnurses #weareindigenousmidwives
You can track Croakey's coverage of the conference here.

#CATSINaM17 kicks off – Day 1 highlights

Janine Mohamed visits the @AIHPATSIMS booth at the #CATSINaM17 conference today! Make sure you pop by and say hello to us if you’re there!

Meeting some of the exhibitors at #CATSINaM17

Lots of buzz at #CATSINaM17 - meet some of the exhibitors

Getting ready to kick off #CATSINaM17 @CroakeyNews @CATSINaM

The deadly stalls and set up for this year's #CATSINaM17
Thanks tweeps

Dr Tim 😊 Says Yes 😊 @timsenior
@timsenior

Every so often I get to dip into the #CATSINaM17 timeline and it is really pretty awesome. #IndigenousHealth

Marie McLernon @mariemclernon · 2h

Replying to @timsenior
what standing out for you, Tim?

Dr Tim 😊 Says Yes 😊 @timsenior · 2h

Replying to @mariemclernon
I was struck by a tweet about cultural safety having proper theory behind it, not just being a catch-all buzzword - that's important.

Dr Tim 😊 Says Yes 😊 @timsenior · 2h

Replying to @mariemclernon
And the cultural discussions that discuss whiteness and the actions of the dominant culture. That's where we need cultural awareness.

CATSINaM_Nursing @CATSINaM · 12s

Replying to @timsenior
We are happy to have you drop by. We hope you're enjoying the chatter #CATSINaM17

CATSINaM_Nursing @CATSINaM · 6h

Question: What has been the highlight of your day today at #CATSINaM17?

Cherisse Buzzacott @sistercherisse

Replying to @CATSINaM @croakeyblog

For me meeting students and sharing experiences 😊 more networking tomorrow!
Watch this slideshow from the Welcome Reception – or view the pics on the following pages.
You can track Croakey's coverage of the conference here.

#CATSINaM17 kicks off – Day 1 highlights

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“Conference News Service”
You can track Croakey's coverage of the conference here.

#CATSINaM17 kicks off – Day 1 highlights

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#CATSINaM17 kicks off – Day 1 highlights
6 million impressions already

Make sure to tweet up a #CATSINaM17 Twitter storm - your tweets are being featured here at the conference @CroakeyNews
#CATSINaM17 – Day 2 highlights – a feast of photos

As the clip below shows, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) centred cultural events and discussions in their professional development conference.

Watch the pictorial overview featuring Yugambeh dancers and Welcome to Country, and presentations by: Indigenous Health Minister Ken Wyatt (via video); Karen Cook, director of the innovation and reform section of the Federal Health Department; Dr Chris Sarra, Director of Strong Smart Solutions; and Dr Ruth De Souza, speaking on cultural safety in a digital world.

The highlights clip also features an impromptu dance session (kicking off De Souza’s presentation), and some of the many workshops – including a meditation session with the drumming Dr Danielle Arabena, and others on birthing on country, doing research, eye care, iconography and writing for publication.

And, of course, the #CATSINaM17 selfies…
You can track Croakey’s coverage of the conference here.

#CATSINaM17 – Day 2 highlights – a feast of photos

Watch this slideshow of the Day 2 highlights – or view the pics on the following below.

CATSINAM – Day 2 – Highlights
You can track Croakey’s coverage of the conference here.

#CATSINaM17 – Day 2 highlights – a feast of photos

#CATSINaM17
You can track Croakey’s coverage of the conference [here](#).

#CATSINaM17 – Day 2 highlights – a feast of photos

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#CATSINaM17

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“Conference News Service”
You can track Croakey’s coverage of the conference here.

#CATSINaM17 – Day 2 highlights – a feast of photos

Croakey team

Lovely 2 from @jcu at #CATSINaM17
@LyndieGeia

You stand on the shoulders of giants

Conference News Service
You can track Croakey's coverage of the conference here.

#CATSINaM17 – Day 2 highlights – a feast of photos

Croakey "Conference News Service"
#CATSINaM17 – Day 2 highlights – a feast of photos

You can track Croakey’s coverage of the conference here.
You can track Croakey's coverage of the conference here.

#CATSINaM17 – Day 2 highlights – a feast of photos
You can track Croakey’s coverage of the conference [here](#CATSINaM17).

#CATSINaM17 – Day 2 highlights – a feast of photos

**Croakey**

“Conference News Service”
#CATSINaM17 – Day 3 and wrap up – Profiling Aboriginal and Torres Strait Islander nurses and midwives

The final day of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) professional development conference featured strong presentations on leadership, reforming universities, whiteness and decolonisation, cultural knowledge, the experience of Māori nurses and midwives, and historical truth-telling, as well as many other topics.

Below is a slideshow overview of the day’s discussions and participants’ reflections.
You can track Croakey's coverage of the conference here.

#CATSINaM17 – Day 3 and wrap up – in pictures

Melissa Sweet @Borakeyblog  Oct 11
Leadership is founded in family, country, connections, vision, heart, knowledge: @LyntoneGea #CATSINaM17

Nakeeta Leverton @LevertonNakeeta  Oct 11
What is leadership to you? With Lynore Gea #CATSINaM17 #lignitures

"I encourage you to encourage others": @LyntoneGea on growing leadership

#CATSINaM17 – Day 3 wrap up – in pictures
You can track Croakey’s coverage of the conference here.

#CATSINaM17 – Day 3 and wrap up – Profiling Aboriginal and Torres Strait Islander nurses and midwives

You can track Croakey’s coverage of the conference here.

#CATSINaM17 – Day 3 and wrap up – Profiling Aboriginal and Torres Strait Islander nurses and midwives
You can track Croakey's coverage of the conference here.

#CATSINaM17 – Day 3 and wrap up – Profiling Aboriginal and Torres Strait Islander nurses and midwives

You can track Croakey’s coverage of the conference here.
You can track Croakey’s coverage of the conference here.

#CATSINaM17 – Day 3 and wrap up – Profiling Aboriginal and Torres Strait Islander nurses and midwives

#CATSINaM17
You can track Croakey’s coverage of the conference here.

#CATSINaM17 – Day 3 and wrap up – Profiling Aboriginal and Torres Strait Islander nurses and midwives

Melissa Sweet @croakeyblog - 23h
Create your legacy on the shoulders of giants - Janine Mohamed’s final words to #CATSINaM17

Prof. Jenny Gamble Ired
Melissa Sweet @croakeyblog - 23h
Calling for the 97% to step up - Janine Mohamed at #CATSINaM17

Kate O’Leary Ired
Melissa Sweet @croakeyblog - 23h
Australia’s endemic racism is increasingly being named, led by govt ministers: Janine Mohamed at #CATSINaM17

Melissa Sweet @croakeyblog - Oct 11
#CATSINaM17 winner - Berice Murray from Torres & Cape HHS

Kate O’Leary Ired
Melissa Sweet @croakeyblog - Oct 11
#CATSINaM17 Twitter Q&As: @banana #CATSINaM

Renae Coley and 1 other Ired
Banok Rind @banory - Oct 11
Twitter winners! @bericemurray @LaurieWest5 @VeronArmstrong5 #CATSINaM17

Croakey
“Conference News Service”
You can track Croakey's coverage of the conference here.

#CATSINaM17 – Day 3 and wrap up – Profiling Aboriginal and Torres Strait Islander nurses and midwives

Croakey
“Conference News Service”
You can track Croakey’s coverage of the conference [here](#).
You can track Croakey’s coverage of the conference here.

#CATSINaM17 – Day 3 and wrap up – Profiling Aboriginal and Torres Strait Islander nurses and midwives

More morning Twitter action at #CATSINaM17

The view from the west are out in force #CATSINaM #CATSINaM17 @jnlu @LeonieWest @atsinocns

Having an amazing time catching up with some emerging Aboriginal Nurses studying at UNE @Reakretta #CATSINaM17

#CATSINaM17 aaka travels home whansu xx

Sad that the #CATSINaM conference has ended but have left it feeling proud, strong & empowered #womensindigenousnurses #CATSINaM17

To say I had an amazing time at my 1st conference would be a total understatement. Thankyou #CATSINaM #Indigenousnurse #CATSINaM17

Even the complimentary lollies UOJO are representing #CATSINaM17

CROAKEY CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES 2017

"Conference News Service"
You can track Croakey’s coverage of the conference here.

#CATSINaM17 – Day 3 and wrap up – Profiling Aboriginal and Torres Strait Islander nurses and midwives

#CATSINaM17

Croakey
“Conference News Service”
Australia’s nurses/midwives consider call to apologise for harms to Indigenous people

Janine Mohamed, CEO of the peak body for Aboriginal and Torres Strait Islander nurses and midwives, is calling for an apology from the broader profession for harms caused to Indigenous people - Pic by Mitchell Ward

Marie McInerney writes:

The Australian Nursing and Midwifery Federation (ANMF) is considering a call for the profession to make a formal apology for its part in the harm inflicted by racist health policies and systems on Aboriginal and Torres Strait Islander people since colonisation.

The call has come from Janine Mohamed – CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and a Nurrunga Kaurna woman who grew up at the Point Pearce mission in South Australia.

Mohamed also called on Australian nurses and midwives to honestly interrogate the legend around Florence Nightingale, “the world’s most famous nurse”, to acknowledge the harms caused by colonial views towards Indigenous people.
Speaking at the ANMF biennial national conference in Hobart, Mohamed urged delegates to follow the lead of the Australian Psychological Society with its **landmark 2016 apology** to Aboriginal and Torres Strait Islander people.

She applauded the “leadership and professional maturity” shown by the APS in apologising for psychology’s role in colonising practices that have had widespread traumatic and detrimental effects (see slides of the APS apology from her presentation below).

“This included their silence on forced removals and the Stolen Generations and conducting research in order to advance careers rather than to improve Indigenous Australians lives,” Mohamed said.

“Psychologists have done some hard work internally within their profession, they have set an example for other professions to follow,” Mohamed said, urging all delegates – individually and collectively – to take up the challenge for nursing and midwifery.

A spokesman for the ANMF, Australia’s largest union with a membership of 270,000, told Croakey that Mohamed’s call was “under discussion”.

“We, as psychologists, have not always listened carefully enough to Aboriginal and Torres Strait Islander people. We have not always respected their skills, expertise, worldviews, and unique wisdom developed over thousands of years.

“Building on a concept initiated by Professor Alan Rosen, we sincerely and formally apologise to Aboriginal and Torres Strait Islander Australians for:

- Our use of diagnostic systems that do not honour cultural belief systems and worldviews;
- The inappropriate use of assessment techniques and procedures that have conveyed misleading and inaccurate messages about the abilities and capacities of Aboriginal and Torres Strait Islander people;
- Conducting research that has benefitted the careers of researchers rather than improved the lives of the Aboriginal and Torres Strait Islander participants;
- Developing and applying treatments that have ignored Aboriginal and Torres Strait Islander approaches to healing and that have, both implicitly and explicitly, dismissed the importance of culture in understanding and promoting social and emotional wellbeing; and,
- Our silence and lack of advocacy on important policy matters such as the policy of forced removal which resulted in the Stolen Generations.”
Examining Florence Nightingale

In separate speeches to both the ANMF conference and the CATSINaM professional development conference on the Gold Coast, Mohamed urged her colleagues to deeply examine their profession’s history, for its gaps and biases, and colonial narratives.

That included the eulogising of Florence Nightingale, whose birthday and pioneering work in public health is celebrated each year as International Nurses Day.

“No doubt Nightingale was an exceptional woman whose work made a difference, but these heroic accounts are not the full story,” she said.

Mohamed detailed two examples of Nightingale’s studies of Indigenous peoples in Australia that she said were not widely known.

The first, a paper on Sanitary statistics of Native Colonial Schools and Hospitals, published in 1863, documents a survey Nightingale distributed to colonial schools and hospitals investigating the health of what she calls “the decaying races” in the colonies, including Australia, Canada, South Africa and Sri Lanka (or Ceylon as it was then known).

“She wrote of the inevitable decline and extinction of ‘these unhappy races’, who she said appeared more susceptible to diseases than ‘civilised men’,” she said.

The second paper, published in 1865, Notes on the Aboriginal Races of Australia, was read by Nightingale to the annual meeting of the National Association for the Promotion of Social Science at York in 1864.

The paper cites a letter that Nightingale received from a Western Australian resident running ‘a native school’, quoting her as saying that ‘every animal has something to recommend it but a native woman is altogether unloveable.”

“That Florence Nightingale would repeat and circulate such descriptions is something to reflect upon the next time you hear her praised as a feminist icon,” Mohamed said. “Imagine if that was your great grandmother she was describing.”

Mohamed said Nightingale’s views and language were not exceptional by the standards of non-Indigenous people of that era, but she urged her profession not to overlook what holding and using them meant for the practice of nursing and the harm inflicted on Indigenous people.

“Nightingale’s publications are just part of a much larger picture of scientific and medical research and practice that pathologised us, perpetuated traumatic interventions upon us, such as the sterilisation of women, that ripped our families apart and sought to sever our connections to country and culture.”

“This is not the history that we usually hear when the achievements of scientific, medical and nursing leaders are eulogised.”

Another conference speaker, Dr Doseena Fergie, an Aboriginal and Torres Strait Islander woman and lecturer at Australian Catholic University in Melbourne, also drew a comparison between the eulogising of Nightingale and the erasure of the history of the achievements of black nurses and healers such as Mary Seacole.

Dr Doseena Fergie
Fergie told of a visit to the Florence Nightingale Museum in London, and learning about Seacole’s work caring for the wounded in the Crimean War, after her application to accompany Nightingale there was rejected (see photo).

Medical incarceration

Mohamed also highlighted the little-recognised history of the medical incarceration of Aboriginal and Torres Strait Islander people in remote lock hospitals and lazarets well into the 20th century, forcibly removed from family and communities, subjected to invasive interventions and often receiving little medical care.

According to Yamaji researcher Dr Robin Barrington in this earlier Croakey story, the Bernier and Dorre lock hospitals in Western Australia were “places of imprisonment, exile, isolation, segregation, anthropological investigations and medical experiments made possible by laws of exception.”

Mohamed said the nursing profession was implicated in that history.

“It’s not so much that nurses often worked in these institutions of medical incarceration; it’s perhaps more significant that only a very few nurses took a stand in opposing such policies as the abuse of human rights that they surely were.”

In this presentation, prepared for the conference, Croakey’s Melissa Sweet told about her PhD research into the history of medical incarceration, and called for health systems and services to establish projects of acknowledgement and reparation.

“A recommendation from my PhD is that health systems and services establish a Day of Acknowledgement or a similar mechanism to acknowledge their historic and ongoing role in harmful colonising practices,” Sweet said.

“This could be a platform for encouraging uptake of decolonising practices and processes within the health system at local and national levels, and for promoting and embedding cultural safety in policy, practice and systems.”
Agents of colonisation

Mohamed urged her colleagues also to think about the role of nurses and midwives in Stolen Generations policies that ripped families apart, removing babies and children.

“Researchers report that some communities have a “collective memory” of the involvement of maternity hospitals in the forceful removals of Indigenous children,” she said.

“At one Queensland settlement, when sick children were admitted to hospital, they were sometimes discharged into dormitories rather than back to their families.

“Health professionals and health services have a long history as agents of colonisation, and they have added to the traumas which our people have experienced through colonisation.”

Sharing these stories at the ANMF conference, Mohamed asked delegates not to view them as history that “happened to somebody else” or that “has no relevance to me and my work as a nurse/midwife”.

“Instead, I ask that my non-Indigenous colleagues in the room try and walk with me,” she said.

“Please try to imagine that it is your ancestors – the parents of your parents’ parents – who were hurt by these policies and practices.”

It was also vital to remember that this racism continues to be experienced by Aboriginal and Torres Strait Islander health professionals, she said. Nurses working today had to deny their Aboriginality in order to be admitted to training.

CATSINaM members continued to experience racism in their workplaces, she said, as well as the stresses of working in white systems that remain blind to their own limitations.

This was “a critical barrier” to the recruitment and retention of Indigenous nurses and midwives and to efforts to boost their numbers, currently at 1 per cent of the nursing and midwifery workforce, to a population parity level of 3 per cent.

Her message to her 3,000 Aboriginal and Torres Strait Islander nursing and midwifery colleagues – who make up the largest Indigenous health workforce – was to make sure they take their own places in the making and telling of history, to rewrite colonial narratives in which Aboriginal and Torres Strait Islander nurses and midwives were largely “absent”.

She called on them to celebrate pathfinders like Mary Toliman, an Aboriginal woman held in great esteem in the 19th century as a midwife and bush nurse, and May Yarrowick, an Aboriginal nurse who trained in obstetric nursing in Sydney in 1903 and is believed to be Australia’s first Indigenous woman to qualify in Western nursing.

“It must be your words, your meaning, your action”

Mohamed has worked over the past 20 years in nursing, management, health workforce, health policy, and project management in the Aboriginal and Torres Strait Islander health sector, including in the Aboriginal Community Controlled Health Sector at state and national levels.

She said her career choices have been shaped by asking: “Is what I am doing positively affecting the Aboriginal community? Am I being true to myself and what I believe?”
But, she told the ANMF conference, it was not her business to tell the broader profession how to make an apology for its impact on Indigenous people.

It was theirs, and while she would encourage them to consult with CATSINaM and their Indigenous colleagues in the wording and processing, “the apology must come from your hearts and minds”.

“It must be your words, your meaning, your action.”

And, she said, an apology was important, but not enough by itself. It must be accompanied by a genuine and sincere commitment within the profession, at all levels, to transformational change that breaks the ongoing dynamics of colonisation.

“Please don’t see it as a one-off event,” she said. “Please see it as part of an ongoing process – one that aims to create new relationships of respect and reciprocity, and one that commits to embedding cultural safety and to doing the hard work of anti-racism.”
Australia's nurses/midwives consider call to apologise for harms to Indigenous people

#CATSINaM17
Australia’s nurses/midwives consider call to apologise for harms to Indigenous people

#CATSINaM17

Croakey
“Conference News Service”
A call for critical race theory to be embedded in health and medical education

Critical race theory should be incorporated into the education and training of doctors, nurses and other health professionals as part of systematic efforts to tackle racism in the health system, according to one of the keynote speakers.

Embedding critical race theory in health and medical curricula would also help address racism within health and medical education and training systems, says Associate Professor Gregory Phillips, a Waanyi and Jaru man from north-west Queensland and a Research Fellow in Aboriginal Health at the Baker Heart and Diabetes Institute in Melbourne.

Critical race theory provides a framework for examining institutional and other forms of racism as well as power structures that are based on white privilege and white supremacy.

Phillips, who established an accredited Indigenous health curriculum framework for medical schools in Australia and New Zealand, the Leaders in Indigenous Medical Education Network (LIME Network), publishes and presents regularly on issues of race, whiteness, power and cultural safety, and consults in transformational learning and leadership.

In an interview with Croakey before the conference, he said it was time to start addressing racism at all levels of the health system, including “the way that stereotypes and presumptions play out in decision making, resource allocation and governance”.

Associate Professor Gregory Phillips
He said:

- **What the evidence from health is showing us very strongly is that racism is a public health issue and it contributes to a disproportionate amount of premature death and poor access to services.**

- **Closing the gap is not going to happen just by doing more of the same, by training more professionals and doing more services, if the racism in training and workplace systems is not addressed.**

- **We have to be clearer about naming and calling out racism; the solution is more sophisticated pedagogy and health system structures that measure cultural safety and that measure anti-racism and better access to service.”**

### Teaching race and anti-racism

Phillips said sophisticated, population-based training and pedagogy were available for addressing racism, and needed to be rolled out in the health system, to tackle “the inability of the majority to see their own stereotypes” and to turn resistance and the hostile emotional reactions of “whitelash” into “teachable moments”.

He cited the work of University of Queensland scholar Dr Chelsea Bond, who has written widely on critical race theory, including [this article](#) for the LIME Network, *Race is real and so is racism – Making the case for teaching race in Indigenous health curriculum*.

Bond notes that it is more than a decade since the Committee of Deans of Australian Medical Schools developed the Indigenous Health Curriculum Framework, which recognised the importance of teaching students about racism.

The framework states that health services, systems and professionals should be free of racism, and that key student attributes and outcomes should include the ability to identify features of overt, subtle and structural racism or discrimination in interactions between patients and health professionals and systems, and ways of addressing such occurrences.

In 2011, Universities Australia developed a National Best Practice Framework for Indigenous Cultural Competency in Australian universities that identifies key content areas as including: concepts of culture, race, ethnicity and worldview; myths, misconceptions and stereotypes about Indigenous people; notions of whiteness, white privilege and power; racism and anti-racist practices.

“Yet,” writes Bond, “there remains a deep level of discomfort among health educators in teaching race and racism”. This, she says, demonstrates “the critical and pressing need to develop race scholarship within health so as to counter the resistance and reticence among many health educators to exploring race and racism.”

### Include a focus on justice and police

Phillips said critical race theory and anti-racism training also needed to be systematically rolled out in justice services and police departments.

“If we are not doing this stuff, we will have more Ms Dhu cases and more Dr Yunupingu cases and we will have more deaths in custody,” he said.

“If the Federal Indigenous Affairs Minister is really concerned with Indigenous youth suicide, then what is the Federal Government doing about racism in the police service, where Indigenous youth are routinely harassed and humiliated every day?”
As well as reforming health and medical education, it was critical the existing workforce was upskilled in cultural safety and critical race theory. Phillips said:

- There are 670,000 health professionals in Australia and we need a massive investment in professional development for the existing workforce.
- Even if we did train the individuals, that would still not necessarily guarantee a culturally safe or anti-racist workplace or system because systems are also made up of cultures that need to be targeted.
- It's a huge job but we won't close the gap without it."

Phillips said it was encouraging the latest Closing the Gap statement had a focus on racism.

**Alternative targets**

But he said that tackling racism would require some alternative targets to be developed, such as: the numbers of Aboriginal people sitting on hospital boards; how many senior managers had done critical race theory training; and how many health systems had a cultural design strategy. He said:

- What we need is a proper strategic approach to decolonising of systems.
- This means that Aboriginal people are in governance and decision making positions in senior middle management and operational positions.
- It means there is a clearly articulated, negotiated set of values negotiated between the Aboriginal and institutional values.
- It means that resourcing is provided to enable this. And it means there is a workforce to match."

Phillips said “a really quick policy win” would be to make Aboriginal Studies mandatory from kindergarten to Year 12 so that when health and medical students started at university, they already knew about the history of genocide and were familiar with concepts such as white privilege.

Phillips urged Croakey readers to move beyond seeing Aboriginal health as an epidemiological issue. He said:

- It's not simply another epidemiological cohort that you deliver a set of benevolent health services to.
- It's a whole paradigmatic approach; let's flip the tables and realise that 60,000 years of Aboriginal health knowledge is really useful for the whole community.
- If we start to do primary healthcare with the holistic values that Aboriginal community controlled services have done for a while, and if we start to see health professional roles as technical facilitators rather than experts to be believed at all costs, then what we are doing is enabling a community development model of health, where we see our roles as working in partnership with communities of all shapes and sizes to deliver the best outcomes.
- Aboriginal people are actually the ones who can help the country survive and to have economic and social sustainability.”

On Twitter, follow @gregoryabstarr
A call for critical race theory to be embedded in health and medical education – previewing #CATSINaM17

You can track Croakey’s coverage of the conference here.

On Twitter – leading into the conference

StrongSmartSolutions @strongsmartsol · Aug 23
We’re very excited to be presenting at the #CATSINaM17 conference, working with amazing @IndigenousX nurses & midwives from across Australia

CATSINaM_Nursing @CATSINaM
Are you registered for the #CATSINaM17 conference - less than 60 places left!!!

Lynore K. Geia @LynoreGeia · Oct 4
@JCU_Nursing Congratulations Lila, looking forward to meeting up with you @CATSINaM Conference next week, well done! @JCUchs @MICRRH_JCU

Sally liked
MICRRH JCU @MICRRH_JCU · 1h
Outstanding @JCU_Nursing student Lila Pigliafiore awarded @MICRRH scholarship to attend @CATSINaM northweststar.com.au/story/4902703/... #IndigenousHealth

Lila aims to boost nursing numbers
*We know what their cultures are like, we know why they live the way they do, we are the ones that have the ability to help them more. northweststar.com.au

Emma McKenzie @EmckenzieEmma · 10h
5 Nursing students ready to attend #CATSINaM17 ‘claiming our future’ National Professional Development Conference @UENmedia @CoraLUNE

Une University of New England
Melissa Sweet writes:

To thrive into the future, Australia must re-invent itself as a republic that is based upon true power-sharing arrangements between Indigenous and non-Indigenous people.

The call comes from a leading Indigenous health expert, Associate Professor Gregory Phillips, who said current governance arrangements are not working for anyone – Indigenous or non-Indigenous.

Governments now ruled, not for the people, but to advance their own power and control, and the interests of their corporate donors, Phillips told the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) conference.

Phillips, a medical anthropologist, is from the Waanyi and Jaru people of north-west Queensland, an Associate Professor and Chief Executive Officer of ABSTARR Consulting.

He said:

- Sovereignty is now vested in the state. Who controls the state? It is corporations.

- We now no longer have democracy in the west; we have unfettered capitalism, unbridled capitalism.

- It doesn’t matter if you have a left wing or right wing government any more, it matters who is controlling it.”
Phillips presented a vision where Indigenous values – including caring for country, and respect for women and Elders – provided a foundation for a better Australia.

“The role of government itself needs to change from power and control, which is the essential relationship we have at the moment, to being supportive and facilitative,” he said.

“Your lease is up”

Speaking in the weeks before the Turnbull Government’s rejection of the Uluru Statement’s Voice proposal, he described Constitutional Recognition as “crumbs off the white man’s table” and treaty as “a seat at the table”.

He said:

A republic could be where you both own the table and you both negotiate what’s on the table, and who’s going to have what.

I don’t want a republic if we simply become recolonised under a different form, but a republic is our opportunity to clearly negotiate a government to government relationship between black and white…”

To loud applause from the audience, Phillips said his preference was for Aboriginal people to say to the Crown: “Your lease is up. We’re the landlords, let’s have a discussion about the terms of your new lease, and what values are we going to operate on together?”

He said:

Black people have rarely and, only in moments of extreme anger, said ‘white people, piss off back to England’.

That’s not a reality. There are good things in white culture and values that we’re learning from all the time; it’s just not an equal, two-way learning.”

Phillips also challenged health and medical institutions to examine whiteness as fundamental cause of ill-health, for Indigenous and non-Indigenous peoples alike.

Whiteness was not about skin colour or ethnicity, he said, but about neoliberal systems that privileged corporations’ interests over those of people and country, and that normalised hierarchy, inequality and injustice.

That formula for life doesn’t work for white people [either], that’s why we have mental illness going through the roof; that formula is what’s producing climate change.

It’s a hangover of colonisation; it’s a hangover of taking notions of your sovereignty and power, and disconnecting it from the earth and putting it in the state itself, and what we are seeing in the world are the logical consequences of that.”

Phillips presented an analysis of eight white identities, developed by US scholar Professor Barnor Hesse – describing it as “confronting”.

“The point is whiteness can be had by anybody, you don’t have to be a white person,” he said. “Black people have got whiteness too, if we’re not careful.”
Replicating whiteness

Phillips also said most nursing and medical schools operated from a position of charity and benevolence rather than social justice.

“Our universities are not in fact institutions of universal learning,” he said, “they are institutions of replicating whiteness and white power under the pretence of treating everyone the same.”

Phillips called for greater clarity around the distinction between Aboriginal health and cultural safety, although he said both should be addressed from a standpoint of Aboriginal knowledges and values.

Cultural safety was a euphemism for addressing racism, in which white people needed to take leadership, he said.

“In our schools, our policy, our universities, in our health departments, we conflate Aboriginal health and cultural safety as the same thing – which is a mistake,” he said.

“We have wrongly thought that if we just simply teach white people Aboriginal culture, that they will magically understand how to deliver better services.

“It is important non-Aboriginal people understand something about our culture but if that’s all we do, what they don’t get to do is understand and reflect on their own culture and values.”

He said it was not uncommon for discussions of whiteness and racism to be met by angry, hostile responses, especially when people had not done the “transformational unlearning first”.

Phillips urged Aboriginal and Torres Strait Islander people not to engage with white systems that offered “inclusion” on terms set by the state, rather than true power-sharing and justice.

“Partnership and co-design are lovely words but if it’s still on white terms, it’s not self determination… it’s still white people making decisions,” he said.

Phillips compared whiteness to domestic violence, whereby the perpetrator blamed the woman for his actions, and the woman became enmeshed in a sick cycle, coming to think that she deserved the violence.

“What we need to do is walk away from that sickness,” he said. “It is not good for government and it is not good for communities if we have this continuously domestically violent relationship.”

Phillips told the audience:

If you are on any advisory committees, get off them. Because that’s about the institution owning and controlling the terms; it’s a waste of your time; incrementalism gets us a lot of good things... but if that’s all we do, we’re just playing into that sick game.”

He said the solution to whiteness was decolonisation, which is “about governments letting go of power and control”.

Presenting a vision for a better, more equitable Australia

#CATSINaM17

Tweet reports

**Melissa Sweet @croakeyblog · Oct 11**
Govt roles must change from power & control to supporters/facilitators: @gregoryabstarr #CATSINaM17

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**Role of Government**

- Values
- Motivations
- Strategy
- Operations
- Evaluation

Terms of Reference – Whiteness or ATR?
Benevolence or Justice?
Objectives or Process?
Repeatability or Place-specific?
Content (KPIs) or Process (CQI)?
Measure problems or Define solutions

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**Banok Rind @banoky · Oct 11**
Partnerships and co-design are lovely terms but if they are under white rule then it's not self-determination - @gregoryabstarr #CATSINaM17

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**Mel Russell @MelRuss5 · Oct 11**
Assoc. Professor Phillips 'Whiteness is a hangover of colonisation.' #CATSINaM17

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**Banok Rind @banoky · Oct 11**
Our entire policy thinking is focused on Aboriginal people as a problem - @gregoryabstarr #CATSINaM17

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**Lynore K. Geia @LynoreGeia · Oct 11**
The system has to be changed no matter how many black people you have in positions, this system is white. AProf @gregoryabstarr #catsinam17

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**Renee Blackman @RenBlackman · Oct 11**
G Phillips-Understand whiteness - it's not about skin colour it's a mindset! #CATSINaM17 @tpuh_gu @CATSINaM

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You can track Croakey’s coverage of the conference here.
You can track Croakey's coverage of the conference here.

Melissa Sweet @croakeyblog · Oct 11

'White people have to take leadership for uncovering whiteness’ - @gregoryabstarr at CATSINaM17

Melissa Sweet @croakeyblog · Oct 11

'Universities are not institutions of universal learning but institutions of replicating whiteness ...: @gregoryabstarr at CATSINaM17

Presenting a vision for a better, more equitable Australia

#CATSINaM17

An ethnography of whiteness

Decolonisation

- Decolonisation really comes down to
  - who's doing the deciding
  - who's doing the work.
  - on what terms? - PARADIGM

- 97%
  - Reform values (deal with racism & whiteness)
  - Let go of power and control of the 3% (HIN? share?)
  - Share accountability (move from risk/blame to trust/GO)
  - Share ownership

You can track Croakey's coverage of the conference here.

Melissa Sweet @croakeyblog · Oct 11

'White people have to take leadership for uncovering whiteness’ - @gregoryabstarr at CATSINaM17

Melissa Sweet @croakeyblog · Oct 11

'Universities are not institutions of universal learning but institutions of replicating whiteness ...: @gregoryabstarr at CATSINaM17

Presenting a vision for a better, more equitable Australia

#CATSINaM17
Melissa Sweet @croakeyblog - Oct 11
Ways forward: @gregoryabstarr at CATSINaM17 #Decolonise #SharedPower #SharedResources

Presenting a vision for a better, more equitable Australia

Currently in Australia...
- We do inclusion or equality, not equity or social justice
- We do reconciliation or constitutional recognition
- We do charity and benevolence, not social justice
- The problem is whiteness
- The solution is decolonisation

Laurence West @LaurenceWest5 - Oct 11
@gregoryabstarr “You can’t be Clinically safe, if you’re not Culturally Safe”
@CATSINaM #CATSINaM17 @RenBlackman @ATSICHSBris @IUIH_
Melissa Sweet writes:

In June, Dr Doseena Fergie, an Aboriginal and Torres Strait Islander Elder and nursing academic, left Australia to travel the world in 79 days, investigating the situation of First Nations people globally.

A Churchill Fellowship took her on a “once in a lifetime experience” – meetings with Indigenous people in Italy, Finland, Norway, the Netherlands, Britain, Canada, Hawaii and Aotearoa/New Zealand (see map below).

Her aim was to explore how First Nations people had rejuvenated their sense of identity and belonging as a way of healing from intergenerational trauma associated with colonisation, Fergie told the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) conference.

The trip was healing and empowering, in documenting the importance of First People’s knowledge, language, ceremonies and rituals, said Fergie, who is of Wuthathi, Mabuiag Island and Ambonese descent, and an academic at Australian Catholic University (ACU) in Victoria.

Last year she was inducted into the Victorian Honour Roll of Women for her work in nursing and community health, and was also made an inaugural Fellow of CATSINaM.
Sovereignty and healing

During her travels, Fergie observed an upsurge in self-determination as Indigenous peoples “had become a rising force and perhaps a threat to white-privileged eyes”.

She also witnessed stories of “resilience, pride and growth”, the revitalisation of languages, and greater emphasis being placed on the importance of learning about colonised history and addressing intergenerational trauma.

Fergie found organisations that wanted to work collaboratively with First Nation peoples appreciated and acknowledged openly the need to empower Indigenous perspectives and to ensure First Nations had the freedom to manage their own affairs.

“I found nations successful in closing the gap between themselves and the dominant group because they persevered in sovereignty,” Fergie told Croakey in an interview at the conference (watch it below).

“They said the way forward now was not aggressiveness but negotiation. They shared acts of kindness, the importance of truth telling, justice, healing holistically, valuing reciprocity, respecting the dignity of each individual and being responsible and nurturing our bodies, our community and our natural environment.”

Among the most moving experiences of her Fellowship were visits to the burial sites of two Aboriginal children: a boy who was interred beneath the Basilica of St Paul’s Outside the Walls in Rome, and a girl’s grave in England.

The ACU this year announced a scholarship to commemorate the boy – Francis Xavier Conaci, who in the mid 1850s was sent from New Norcia in Western Australia to Rome to study in a Benedictine monastery, where he was buried in an unmarked grave.
Fergie returned to Australia with a determined commitment to work towards the repatriation of these children’s remains and their spirits.

“To research and find the ancestral remains of Aboriginal children who died 170 years ago in Europe and to repatriate them back to Country is part of healing,” she said. “To stand beside the graveside of two children who died long ago was an incredibly humbling experience.”

Valuing cultural and clinical knowledge

Addressing CATSINaM delegates, Fergie urged Indigenous health professionals to ensure their cultural knowledges were valued at least as much as their clinical competencies, and that “our cultural values of respect, caring and sharing” are not lost.

“In our universities we train people to be clinically competent but as Aboriginal and Torres Strait Islander nurses and midwives… we have a world view that is different,” she said.

“We are different from the western world. Professional skills matter, but don’t forget the culture. Go back to country, learn it, because you won’t get it in the universities as such.”

Fergie has published a report on her Fellowship’s findings, and it highlights the importance of strengths-based approaches. She writes:

“The continuous murmuring of Indigenous deficit statistics like the high mortality and morbidity rates compared to their Non-Indigenous counterparts, pales into insignificance behind the forward moving models I observed. They focused on a community’s strengths.

“I returned with a better understanding of the evils of colonisation and assimilation and an awareness of the inter-societal structures and political hearsay that posit an illusion of Indigenous support, but who, act counter-productively.

“It seemed that when the Indigenous people and their issues became visible to that society, they were foreseen as a threat to the maintenance of the dominant rule of power. Racism and discrimination came in many subtle forms but their impact continued to be devastating. In contrast, self-determination offered strength and healing, it gave hope for a better future.”

Fergie identified several themes arising from her Fellowship’s investigations, including: the importance of relationships, respect and reciprocity; culture; language; education; self-determination; economy; and health and wellbeing.

She said great gains were being made in tertiary institutions that are solely Indigenous focussed, such as Te whare wananga o Awaranuiangi in Aotearoa/New Zealand, while the Six Nation Polytechnic in Ontario is working toward setting up a First Nation University in their state.

Fergie also cited the Windward Nursing Course in Oahu, which bases the development of cultural care for Indigenous clients by having nursing students to initially learn to care for an organic garden.

“Having Indigenous students access this program ensures that cultural knowledge and language is sustained thereby ensuring better culturally appropriate care for Native Hawaiians,” Fergie wrote.
### Models of self-determination

The report provides a rich overview of the different situations of Indigenous people globally, as well as their similarities.

In Finland, Fergie visited the Sami Parliament, where she discussed the country’s proposed Truth and Reconciliation Action Plan, while in Norway she saw a Sami Norwegian psychiatric centre and mental health and substance use units called Samisk nasjonal kompetansetjeneste (SANKS), which focus on addressing the impact of intergenerational trauma.

She also learnt how the Sami in Finland and Norway have diversified away from reindeer herding into other jobs within the mainstream, including tourist businesses in Karasjok, Norway, and Siida in Finland, which educate tourists on culture, and sell cultural artefacts and goods.

In the Netherlands county of Friesland, Fergie stayed with Frisian people who are, like the Sami, white Indigenous people. She learnt about the traumas of forced assimilation, as well as how important the slave trade had been in building the country’s wealth.

In Vancouver, British Columbia (BC), she visited the Tsawwassen First Nation (TFN) community who manoeuvred a viable Treaty with BC, and the peak Indigenous Health body – the First Nation Health (FHN) Authority and the Chairperson of their Council.

She learnt that the TFN’s economic viability, through the development of the TFN Mills shopping complex and real estate, was pivotal in their treaty with the British Columbian Government.

TFN has had its own Government since 2013, the Tsawwassen Legislature, consisting of 13 TFN members elected at a general election, and the Chief. They discuss and make laws, which form the principles that fundamentally organise the Nation.

The TFN Strategic Plan 2013 – 2018 states:

> “Twawwassen First Nation will be a successful and sustainable economy and an ideal location to raise a family... Our Government will help us achieve our goals by communicating, being respectful and taking full advantage of our Treaty powers.”

In Whistler, BC, she saw the Squamish & Li’lwat Cultural Centre, a model developed jointly by the Squamish Nation and Li’lwat Nation that took nine years to be economically viable and self-sustainable, and that provides mentoring to 400 young people each year.

Fergie said her investigations had underscored the importance of understanding the local history of colonisation for true understanding and healing to take place. She wrote:

> “For instance, a gatekeeper spoke about the history of Sami alcoholism in which during the war years there were ration cards for Norwegians etc. At the time, the Sami had control of all the resources such as bush food. They knew the land and were skilled in how and where to get them. These were traded via their Scandinavian ration cards for alcohol.

> “By knowing this fact this may remove the Sami ‘veil of shame and guilt’ that the dominant society had developed and stereotyped Indigenous people to be the ones at fault. There are similar stories placed on Indigenous Australians that have led to their negative stereotyping.”

In 1873, when the French author Jules Verne published his famous novel, *Around the World in Eighty Days*, it perpetrated many colonial stereotypes and agendas.
In 2017, Dr Doseena Ferbie took just 79 days to show how First Nations peoples are resisting, challenging and re-writing colonial narratives, while ensuring that their own narratives endure, develop and flourish.

She ended her CATSINaM presentation by urging Aboriginal and Torres Strait Islander people to apply for Churchill Fellowships – applications close on 27 April 2018.


Watch this interview:
It is never easy to achieve change in big, resistant bureaucratic organisations driven by competing interests and agendas. But Professor Roianne West has shown it IS possible.

Since being appointed as **Foundation Professor of First Peoples Health** at Griffith University on Queensland’s Gold Coast in 2015, West has been embarked on a massive system change agenda to boost the quality of education in Indigenous health and, ultimately, the numbers of Indigenous staff and students.

While the journey is far from over, West shared some of her lessons and stories of success at the recent Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) **conference**, held on Yugambeh country on the Gold Coast.

West told delegates that she arrived in the large faculty – with eight schools, about 12,500 students and just under 1,000 staff – to discover the teaching of Indigenous health was “less than optimal”.

In her initial weeks, she was landed with students’ complaints about the discrete Indigenous health course, which was largely taught by sessional staff, had poor engagement from the various schools and programs, and was offered anywhere from 1st, 2nd, 3rd and 4th year of the various programs.

“So how do you teach a consistent course if it’s positioned inconsistently across four years?” West said.

All these factors meant it was very difficult to ensure and maintain quality in the course, she said.
“The course was in complete disarray,” West told the conference. “This course had little chance of succeeding; with little hope of a positive student experience nor positive staff experience delivering the course.”

Seizing opportunity

West saw an opportunity to rewrite and redesign the course so that it was consistent with the new national Aboriginal and Torres Strait Islander health curriculum framework (West had represented CATSINaM on the consultation phase of the framework’s development by Curtin University, engaged by Health Workforce Australia).

“They said, ‘you can’t do that, Roianne, because it takes about a year to re-write and re-design a course’,” she recalled. “We did it in eight weeks – they didn’t know me!”

West, who is from the Kalkadoon people of far north-west Queensland, is the daughter of a life-long health worker and advocate, and comes from a long line of healers, with four generations of nursing in her family.

In redesigning the course, West and her team centred the importance of the experience for Indigenous and non-Indigenous students, as well as the teaching team, to ensure they “were safe in the learning and teaching environments”.

“Central was ensuring that what we were teaching had applicability to practice and ultimately acquired culturally safe students towards improved Indigenous health outcomes following graduation,” she said.

Good Indigenous health curriculum design was also important for improving retention of Indigenous students and staff, given research showing they often leave universities because of negative experiences in the sector due to racism.

Other strategies included reducing the number of sessional staff, ensuring the course adhered to the university quality improvement processes, and introducing an 80 credit course prerequisite, so that students already have some knowledge when they come to the course about major capabilities taught in the course such as respect, safety, leadership, reflection and advocacy.
West said: “… our job is to teach them how to apply these concepts and unpack the process that occurs that often paralyses non-Indigenous health professionals from applying them in Indigenous health contexts.”

**Providing leadership**

West also identified a need to provide leadership in developing a systematic, integrated approach across the faculty to improve the quality of wider teaching about Indigenous health, which was also taught within 276 courses and within frameworks.

West saw a lack of confidence among some non-Indigenous academics about teaching Indigenous health, because of concerns they might offend Indigenous people. “That was concerning,” she said, “given that as health academics they should be able to teach any content to some degree.”

More broadly, the lack of knowledge about cultural safety and Indigenous health among academics was a critical barrier, she said.

“We have a situation now where we have got academics who weren’t privy to Indigenous health education or anything to do with Indigenous peoples that are now doing some of the curriculum work,” she said.

“So we have got students who are going to be more culturally capable than some of the academics in the university.

“If I thought the discrete course was a hard piece of work, the integration work is going to be more challenging.”

Also on West’s agenda for the future is developing Indigenous health “micro-credentials” for industry, to fill a gap in rigorous Indigenous health education within the health industry.

“So we want to be able to meet the need of industry as well and to work with our industry partners in the peak organisations to be able to do that,” she said.

**Importance of relationships**

Reflecting upon her journey of institutional reform, West said that key to achieving change has been developing relationships, internally and externally, and at local and national levels, as well as across mainstream and Indigenous health services – working with the system, rather than against it.
Working in this complex environment, it was important to “speak the language” of the various stakeholders.

“You need to identify what your levers are and what is the language that is going to get you the most influence,” she said.

“If I was to go and say, ‘this is very important to do because you have got a social responsibility’, that often doesn’t work.”

Another key reflection from her reform journey is that much of her work has been directed at improving the cultural capability of non-Indigenous people.

While this is important, she said it should not detract from the important work of self-determination and building the capacity of Indigenous students and staff and community.

Going forward, her focus will be on developing an Indigenous curriculum as an Indigenous staff and student retention strategy, aligned with the emancipatory objectives espoused by Professor Lester Rigney and others.

In particular, increased numbers of Indigenous health professionals were needed in acute care, aged care, critical care and emergency care, and mental health – all areas where Indigenous people are over-represented.

“If we know that Indigenous knowledge only comes from Indigenous people, and Indigenous people are over-represented in these areas, does it not make sense that we need Indigenous nurses and midwives working in these areas? It seems simple,” West said.

“Indigenous nursing and midwifery knowledge is not possible without Indigenous nurses and midwives.

“It's like having a women's hospital and having it 97 percent men – and then we've got to spend all of our resources teaching men how to work with women. Is that a good investment? ... you would never hear of it.”

Where this journey began

In many ways, this focus on increasing workforce numbers is back to the future for West, whose journey as an agent of systemic change began in 2004 when working as a mental health nurse in a secure forensic unit, where Indigenous men occupied 30 of the 32 beds.

She saw the men were suffering misdiagnosis and over-medication because non-Indigenous staff were not interpreting their symptoms accurately nor understanding the cultural context in which the symptoms were located.

This led her to investigate ways of increasing the number of Indigenous mental health nurses – which led her to the need to increase the wider Indigenous nursing workforce.

Her PhD, investigating the factors involved in successful completions for Indigenous nursing students, remains pertinent, given evidence of a pressing need to increase the completion rate for Indigenous nursing students, and estimates that an extra 10,800 Indigenous nurses and 852 midwives are needed to address demand.
West says there is also a personal imperative to urgently increase the Indigenous health workforce.

“As an Indigenous health leader, you take grace in the fact there are people coming behind you, so you know at some point soon you will get to hand over the baton,” she says.

“At the moment, if we have only got relatively small numbers trickling through, you know that you’ve got to hold quite a heavy load for a much longer time.”

Further reading: Creating walking tracks to success: A narrative analysis of Australian Aboriginal and Torres Strait Islander nursing students’ stories of success.

Watch this interview
You can track Croakey's coverage of the conference here.

Tweet-reports

Dr @RolanneWest discussing how we can claim our future as health professionals! @CATSINaM @JCU_Nursing @IndgNurses #CATSINaM17

Graduate Cultural Capability Model

Five interconnected cultural capabilities:
- Cultural Respect
- Culturally safe Communication
- Cultural Safety and quality
- Critical reflection in cultural contexts
- Advocacy in cultural contexts

Further research

1. Address the institutional racism and educational disadvantage.
2. Aboriginal and Torres Strait Islander men; Torres Strait Islander nursing students;
3. A longitudinal study and analysis of course enrolments, program attrition and completion rates and the changing experiences of Indigenous nursing student’s undergraduate nursing education;
4. Expand this study across Australia and explore the perspectives of students and staff on barriers and facilitators of successful course completion using a maximum variation sampling approach.
You can track Croakey's coverage of the conference here.

Sharing the learnings of a formidable agent for change

#CATSINaM17
You can track Croakey’s coverage of the conference here.

Laurence West @LaurenceWest5 · Oct 11
@fphu @RoianneWest implementing strategies at an academic level to improve recruitment and retention rates for Indigenous students 😊

Melissa Sweet @croakeyblog · Oct 11
Hearing a powerful presentation by @RoianneWest on driving educational reform in Indigenous health at @Griffith_Health #CATSINaM17

Prof. Jenny Gamble @ProfJennyGamble · Oct 11
Leadership - growing an Indigenous health workforce. #catsinam17 Deadly @RoianneWest @fphu @Griffith_Health

Renee Blackman @ReniBlackman

Up the Isa! @nwqran @Solomon1Shaun @LaurenceWest5 @CATSINaM #CATSINaM17

Sharing the learnings of a formidable agent for change #CATSINaM17

Croakey Conference News Service
Laying down a challenge to nursing: are you ready for the future?

A full room and all ears for Karen Cook - talking vision of the future for the nursing and midwifery professions. #CATSINaM17

Melissa Sweet writes:

Australia could be doing much more to optimise the use of nurse practitioners, especially in the areas of primary healthcare, chronic disease management and residential aged care, according to a senior federal health bureaucrat.

Karen Cook, director of the innovation and reform section in the Health Workforce Reform Branch, said Australia had only about 1,300 nurse practitioners, more than 20 years after this workforce first developed here, and they still were mainly working in acute hospitals.

“The issue that we have got with nurse practitioners in Australia is that we have failed to recognise their true potential, and what they can offer to health services,” she said, during a presentation and interview at the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) conference.

“The issue that we have got with nurse practitioners in Australia is that we have failed to recognise their true potential, and what they can offer to health services,” she said, during a presentation and interview at the recent Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) conference.

She said:

What we need to do now is look at how we can best use nurse practitioners in Australia.

For me it’s about primary healthcare, it’s about chronic disease management, it’s about residential aged care.
You can really see where nurse practitioners could add enormous value to health service delivery.

We need to have a conversation about how best to use them and start to think about how best to educate people to be nurse practitioners and to start to develop those models of care.”

Cook said healthcare financing was one of the major barriers to nurse practitioners working outside of acute settings.

“It’s not by chance that we find a lot of nurse practitioners working in emergency departments in acute hospitals, and that’s because they don’t have to worry about the practicalities of running a business and trying to secure a revenue stream from the MBS [Medicare Benefits Schedule],” she said.

“What we need to do with nurse practitioners is find innovative ways to fund their services, and nurse practitioners need to develop their skills in the management of their business as well as the management of health.”

Alarming retention rates

Cook also told the conference of plans for a major review of nursing education, through the National Nursing and Midwifery Education Advisory Network.

This would take considerable time, given the many stakeholders involved, including the Federal Education Department, the tertiary sector, the Council of Deans of Nursing and Midwifery, public and private employers, and professional and industrial bodies.

“There’s a lot of people with what they call skin in the game in this particular one,” she said.

“There are a lot of people who are very interested in this piece of work; it’s going to take a lot of time to do this work and to do this work properly.”

As an affiliate member and “long-term friend” of CATSINaM, attending her 12th conference, Cook said the review would be an opportunity to look at cultural safety in nursing education and training, and at increasing the numbers of Aboriginal and Torres Strait Islander nurses and midwives.

“So CATSINaM has a really big role to play in using this as an opportunity, together with LINMEN (Leaders in Indigenous Nursing and Midwifery Education Network), to see if we can’t do something to improve those commencement and completion rates,” she said.

Cook said the review would examine whether nursing education was preparing people for the future, at a time of rapid technological change that was both “exciting and alarming” for healthcare, and creating new models of care and service delivery.

She said new nursing graduates were dropping out of the workforce “at quite an alarming rate”, and it was “high time we looked at whether what we are doing is right”.

Cook said:

- We are hearing from a lot of employers about graduates not being work-ready.
- We are hearing from graduates that they don’t feel that they are work-ready.
You can track Croakey’s coverage of the conference [here](#). 

_**Laying down a challenge to nursing: are you ready for the future?**_

We’ve got to put in place a lot of transition to practice programs to try and bridge those gaps, and then we’re hearing from graduates that even with those programs, they’re still feeling ill prepared, and so we have got high attrition rates in early career nurses.

So there are clearly some issues there that have got to be looked at; if we go back to the undergraduate preparation, and look at are we educating people to be the nurse of the future?”

### A hospital without beds

Cook also examined how technology is re-shaping healthcare, pointing to a “hospital without beds”, the **Mercy Virtual Care Center** in Chesterfield, Missouri, which is the largest single-hub telemedicine centre in the US.

It provides around-the-clock care via virtual technology and telehealth teams “supplementing the work of local caregivers by providing skilful monitoring and management”.

The Center, which opened in 2015, describes itself as “the first and only facility of its kind”, and says the building’s “pervasive use of glass reflects our culture of openness to new ways of thinking, and new ways of providing care to those who need it”.

The Center’s services include: case management, where nurse case managers collaborate with patients, physicians, and other providers; eSitter, which provides continuous, 24/7 observation of agitated or at risk patients; and TeleICU, which uses advanced analytics and visual technologies in collaboration with bedside caregivers across seven states. It aims to reduce ICU length of stay, save lives and reduce complications.

Other services include a Nurse on Call network, a virtual wellness program for preventing chronic conditions and reducing absenteeism, and TeleStroke, which provides local emergency physicians with around-the-clock access to neurologists. This collaboration aims to allow for immediate intervention, so patients do not have to lose time being transferred to other facilities.

Cook said the implications of such services “for a country like Australia are absolutely enormous”.

“Nurses have a great deal to offer in that space in terms of virtual healthcare,” she said.

“Currently we have got lots and lots of nurses around the country using telehealth. This is taking it to the next step, which is how I come back to: how we prepare nurses to work in those sorts of models of care?

“Technology is moving at such a rapid rate, it feels like we are not quite keeping up in terms of our preparation.”
Watch this interview with Karen Cook

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#CATSINaM17
New standards aim to transform care for Aboriginal and Torres Strait Islander patients

Melissa Sweet writes:

Health services across Australia will be required to implement wide-ranging measures aimed at improving the safety and quality of care provided to Aboriginal and Torres Strait Islander people.

The reforms, which aim to tackle problems such as institutional racism and culturally unsafe services and workplaces, are part of the second edition of the National Safety and Quality Health Service Standards, released by the Australian Commission on Safety and Quality in Health Care.

For the first time, these standards – which will be assessed in public and private hospitals and many other forms of health services from 1 January 2019 – will specifically address the needs of Aboriginal and Torres Strait Islander people.

They require services to implement six actions (see graphic below) related to working in partnerships with local Aboriginal and Torres Strait Islander communities, reforming governance processes, and ensuring patients are routinely asked if they identify as Aboriginal and Torres Strait Islander and their responses documented in their clinical notes.
According to a near-final draft of a user guide supporting the new standards, health service organisations will be encouraged to develop an Aboriginal and Torres Strait Islander Health Action Plan and use Aboriginal and Torres Strait Islander health impact statements widely across their work.

**Figure 1** The six actions in the National Safety and Quality Health Service Standards that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people

- **Standard**
  - Partnering with Consumers
  - Clinical Governance
  - Comprehensive Care

- **Action**
  - 2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs
  - 1.2 The governing body ensures that the organisation’s safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people
  - 1.4 The health service organisation implements and monitors strategies to meet the organisation’s safety and quality priorities for Aboriginal and Torres Strait Islander people
  - 1.21 The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
  - 1.33 The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people
  - 6.0 The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems

**Recognising health impacts of racism**

The guide says health services need to “recognise that racist attitudes have had a marked impact on the health outcomes of Aboriginal and Torres Strait Islander people, and that racism in all its forms (personal, casual and institutionalised) must be identified and actions must be taken to eliminate it”.

Other aims include a focus on trauma-informed care, increasing the cultural safety of services for Aboriginal and Torres Strait Islander patients and staff, and increasing Indigenous employment at all levels of health organisations, including through the use of employment strategies and targets.

The guide was developed in consultation with the Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute and an Aboriginal and Torres Strait Islander Health Project Working Group. A group of senior Aboriginal and Torres Strait Islander officers from state and territory health departments also played a significant role in shaping the guide.

It notes that many Aboriginal and Torres Strait Islander people find health services unwelcoming, and says an intended outcome of the new standards is “a reduction in the number of Aboriginal and Torres Strait Islander people experiencing hospitals as sites of trauma”.

Margaret Banks, a Program Director at the Commission who has led the project, told Croakey that the new standards would “absolutely” require services to have a fundamental rethink about how they provide care to and employ Aboriginal and Torres Strait Islander people.

“For the very first time what we have is a systemic national approach,” she said.
“This is a whole game changer… and builds in the capacity for Aboriginal people to influence how care is delivered… at the individual level and how care is delivered to their community.”

Mike Wallace, chief operating officer at the Commission, said the really important aspect was that the new standards would require health services to communicate with their local Aboriginal population and to develop health service plans around their needs, and to report back through their board on these actions and outcomes.

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and other experts in the field of cultural safety have welcomed the new standards as long overdue, but there are concerns about a lack of clarity in the terminology used, as they use the language of “cultural awareness” and “cultural competence” rather than “cultural safety”, although this latter concept is the focus of supporting documents.

### Power relations, holistic health & traditional healing

The new standards mandate efforts to improve the cultural awareness and competency of the clinical and non-clinical workforce, and the guide suggests that health services could include process and outcome indicators of cultural competency on their organisation’s dashboards, alongside other safety and quality indicators.

The guide notes that “a culturally safe workforce considers power relations, cultural differences and the rights of the patient, and encourages workers to reflect on their own attitudes and beliefs”.

It suggests health services establish a mentoring program for the Aboriginal and Torres Strait Islander workforce and that, in some places, it may be appropriate to employ community members to act as health ambassadors for Aboriginal and Torres Strait Islander patients.

It also suggests providing access to cultural coaching and mentoring for the non-Indigenous workforce to promote continued self-reflection on mainstream culture, and support their learning and understanding of Aboriginal and Torres Strait Islander cultures.

The guide urges health services to incorporate holistic Aboriginal and Torres Strait Islander understandings of health, and to improve care coordination to recognise the complex health needs of Aboriginal and Torres Strait Islander patients, including their spiritual and cultural needs. Access to interpreters should be provided.

It also encourages services to consider changes that may improve access to care and the environment in which care is provided, such as outreach or hospital-in-the-home services and open appointment clinics.

It encourages health services to develop policies and protocols on the use of traditional healers such as cleansing ceremonies and the use of traditional bush medicine, guided by locally acceptable practices, and also suggests the use of Aboriginal and Torres Strait Islander names for wards and meeting rooms.

It says health services should engage with Aboriginal and Torres Strait Islander community organisations, services and individuals in ways that are relevant to their circumstances, concerns and priorities, and that minimise the risk of overburden. It suggests providing adequate financial remuneration for community spokespeople or Elders who regularly participate in partnership roles.

The standard also requires that there be policies, procedures and protocols to ensure appropriate identification of Aboriginal and/or Torres Strait Islander patients, to ensure there is accurate data to inform policy, and service planning and development.
It suggests that training and support be provided to frontline, administrative and clinical workforce on the importance of identification at an individual and systems level.

**Need for clarity of language, focus**

The release of the standards is timely with the launch of a new Leaders in Indigenous Nursing and Midwifery Network (LINMEN) at the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) conference that aims to embed cultural safety more widely.

The conference also heard concerns about a lack of clarity around concepts such as cultural awareness and cultural safety, which are often used interchangeably despite being quite different.

As previously reported at Croakey, the concept of cultural safety reverses the gaze so that health professionals examine their own beliefs, behaviours and practices as well as issues such as institutional racism, whereas transcultural concepts like cultural awareness can promote the “other-ing” of patients and “cultural voyeurism”.

Janine Mohamed, CEO of CATSINaM, welcomed the new standards as a long overdue move towards improving the care and outcomes for Aboriginal and Torres Strait Islander people, as well as workplace safety for Indigenous employees, and to ensuring more representative governance of organisations.

She raised concerns about the use of “cultural awareness” terminology in the standard, rather than “cultural safety”, and said CATSINaM would be offering cultural safety training as well as planning and implementation workshops to assist health services to comply with the new requirements. She said:

> “We’re happy about the plans to measure the impact of the new standards but it needs to be remembered that a foundation of cultural safety is that it is up to the recipient of care – not the institution or the service providers – to decide if care and services are culturally safe.”

> “We are excited by the potential for the new standards to dovetail with our efforts in other areas to embed cultural safety, for example in healthcare practitioner and accreditation legislation, and through enactment of the National Aboriginal and Torres Strait Islander health plan.”

Dr Leonie Cox, a senior lecturer at QUT in Brisbane who presented on cultural safety at the CATSINaM conference, raised the same concerns as Mohamed, saying: “I’d much rather see the Commission grasp the nettle, and use the term ‘cultural safety’ in the standards”. However, Cox said that the user guide was promoting cultural safety and was a useful document.

Margaret Banks said the standards used the terminology of cultural awareness and cultural competence, as this was the language used by Aboriginal and Torres Strait Islander leaders consulted by the Commission.

She said it would be important to evaluate the impact of cultural training, and also to develop an Indigenous workforce to assess the implementation of the standards as part of accreditation.

> “We have started a conversation with the Commonwealth about the need to do build an Indigenous accrediting workforce, she said.
Responding to concerns that services without an identified Indigenous patient population would not have to implement the Indigenous-specific actions, Banks said all health services covered by the standards would have to comply with at least two of the Indigenous-specific actions.

The new edition of the standards and the supporting documents are due to be available from the Commission’s website on 28 November.

Declaration: Melissa Sweet has undertaken occasional writing consultancies for the Australian Commission on Safety and Quality in Health Care.
“Whitefellas have to step up”: a challenge to politicians, health services & professionals to focus on cultural safety

A new edition of the National Safety and Quality Health Service Standards will require health services to implement wide-ranging measures aimed at improving the safety and quality of care provided to Aboriginal and Torres Strait Islander people.

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) will be offering practical workshops to assist organisations and services in implementing the new standards.

However, it is not only health services that could benefit from cultural safety training, according to one of the presenters at the CATSINaM conference.

Melissa Sweet writes:

Cultural safety training for politicians could help to transform public debate and policy, according to a researcher who also would like to see senior university executives and academics undertake such training.

Cultural safety training is potentially transformative for both individuals and organisations, says Dr Leonie Cox, a social anthropologist and mental health nurse at the Queensland University of Technology.
Cultural safety, she stressed, was very different to concepts often wrongly used interchangeably, such as cultural awareness and cultural competence. Instead, it was a fully theorised model that focused on issues such as institutional racism and white privilege – rather than “othering” diverse cultural groups.

Cox told Croakey in an interview following her CATSINaM presentation that requiring politicians to undertake cultural safety training would make “a huge difference”.

It would help them to realise that health cannot by brought about by more or even better health services, but by equitable social systems, housing and employment and to understand that factors such as systemic racism, over-incarceration and police harassment of Indigenous people need to be addressed, she said:

“Sadly, I don’t think there is a very good appreciation of the social determinants of health amongst politicians.”

This idea that if we just chuck more and more money at tertiary health services like hospitals, that we are going to somehow solve Indigenous or indeed any other form of health issue is a big problem.”

Accountability for behaviour, assumptions

Cox said she had been trying to promote cultural safety training for senior academics and managers at universities, “because until people at that level understand what it is we are trying to do, and that it isn’t just a new buzzword for ‘business as usual’, then we are not going to get proper buy in”.

She also called for cultural safety to be much more widely embedded across the health system, from codes of conduct to ethics statements.

“I’d like to see cultural safety beginning to be modelled and talked about in every sphere... and services taking responsibility to understand that not only do individuals have culture but so do services and health systems.”

Cox said cultural safety fitted well with the international movement towards person-centred care.

“Cultural safety is a fantastic model to bring about person-centred care because that’s what it focuses on – the person in front of us, not some stereotype of some culture that we have in our mind – and it also asks us to be accountable for our own behaviour and our own assumptions.”

Clarity and consistency emerging

Despite the potential for cultural safety to be a transformative force, Cox said there was a lot of confusion and inconsistency about what it entailed.

Some universities were still teaching transcultural approaches like cultural awareness, which “positioned white people in a position of normal and so-called diverse people as being different and that we had to learn about”.

The concept of cultural competence was similarly fraught, she said:
“The idea that you can be competent in someone else’s culture is immediately problematic in a clinical area. What we do need to be competent in, if anything, is educating ourselves in the history of this country and how that history continues to be played out and how it impacts on health.

Other than that, our competency needs to revolve around our own cultural self awareness, our own cultural position; that’s what it should refer to and then it would be cultural safety”.

However, Cox said she was hopeful that greater clarity and consistency was emerging.

“I think we are in a great moment of transition where some of our regulatory authorities, thanks in no small way to the work of CATSINAM, have begun to use and understand the term cultural safety,” she said.

“As people have been pointing out, there is not a lot of research to show whether someone with cultural safety education ends up being a culturally safe practitioner according to consumers.

“However, I think that, given it embraces a politicised understanding of health, a critical approach to race, and an understanding of social constructionism, it has to be a better way forward than putting whites in a position of dominance and saying that everything else that deviates from that is somehow exotic.”

“Whitefellas have to step up”

At the conference, Cox was one of the presenters at a workshop about CATSINaM’s Nursing and Midwifery Health Curriculum Framework and the new Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN).

LINMEN is an interactive peer support environment providing access to good practice exemplars on curriculum design, delivery and resources, and workforce development for nursing and midwifery educators.

It aims to create a more culturally safe teaching and learning environment for Aboriginal and Torres Strait Islander students and educators, and to help ensure non-Indigenous nursing and midwifery graduates are better prepared to provide culturally safe services.

Cox said that nurses had to acknowledge that “we are in supreme positions of power”, and to examine their values, moral judgements, habits and frames of reference.

As a “whitefella” herself, Cox said “whitefellas have to step up”, get themselves educated about the realities of colonial history, and take responsibility for dealing with problems like white privilege and racism.

“We need to be prepared to be challenged and to take the responsibility to make a contribution when we are talking about things like racism; it is our problem,” she said.

“It is not acceptable to have Indigenous colleagues teaching mainstream about history, white privilege and racism; people may not agree with that position but that’s the position I’m coming from.”
Exchanging knowledges, perspectives

In another session, Cox and her colleague Ali Drummond, a lecturer and researcher in the School of Nursing at Queensland University of Technology, conducted a workshop using games to engage participants in some of the concepts underlying cultural safety.

While gales of laughter could be heard coming from the workshop, Drummond said it was a serious teaching exercise that sought to provide a comfortable space for participants to engage with critical conversations about the complexities of cultural identities.

“Participants get to reflect on what other identities and cultures they identify with,” he said.

“And we explore issues around gender and ethnicity; we talk about race and the concepts of race and racism; it does open up deeper and difficult conversations.”

A descendant of the Meriam people of the Murray Islands and the Wuthathi and Yadaigana peoples of North-Eastern Cape York Peninsula, Drummond – profiled here by the NHMRC – grew up on Thursday Island in the Torres Strait.

He is planning to undertake a PhD investigating how schools of nursing in Queensland are engaging Aboriginal and Torres Strait Islander people in the development, delivery and evaluation of curricula in relation to Aboriginal and Torres Strait Islander health.

The research would examine how schools of nursing are developing and maintaining relationships with local Aboriginal people, and unpack how those relationships are enabling the exchange of Aboriginal and Torres Strait Islander knowledges and perspectives.

“I know myself as a lecturer there are lots of challenges in the systems and the institutes ... in ensuring that we can do this in a way that reflects... the reciprocity that is required for the exchange of knowledge, the sharing of knowledge,” he said.

Watch these interviews

Ali Drummond talks about his research and use of games in teaching
Dr Leonie Cox talks the transformative potential of cultural safety

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“Whitefellas have to step up”: a challenge to politicians, health services & professionals to focus on cultural safety

You can track Croakey’s coverage of the conference here.

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You can track Croakey's coverage of the conference here.

Gaming on social constructionism, red red rover style with @dauareb at the
#CATSINaM17 @CATSINaM
Melissa Sweet writes:

Leadership is like a seedling – something that can be both fragile and strong, that is rooted in family and a sense of connection and country, and that requires nurturing and growth.

This was one of the visions of leadership presented by nursing and midwifery leader Dr Lynore Geia at the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) conference.

In her 40th year as a nurse and 37th year as a midwife, Geia shared many reflections from her personal and professional journey, as a way of “passing on the baton”, particularly to the students at the conference.

She hoped that “what I share today will plant a seed in your heart that you can take with you”.

With the conference theme, *Claiming our Future*, it was not surprising that many forms of leadership were evident during discussions – including big-picture visions for the future (as outlined by CATSINaM CEO Janine Mohamed; Associate Professor Gregory Phillips; and for achieving institutional change, as presented by Professor Roianne West).
At the start of the conference, Mohamed pointed to the importance also of corporate leadership, telling delegates that the Aboriginal flag flying outside the conference venue, the Sofitel hotel, was not raised especially for CATSINaM, but was always there. She praised the hotel for its 10 per cent Aboriginal employment policy and sale of local Aboriginal artwork on display.

Likewise, the official conference opening was held at Dreamworld Corroboree, and delegates enjoyed the welcoming environment, including cultural performances and activities with Aunty Di Cummins (watch this interview with her).

Mohamed also welcomed HESTA’s launch at the conference of an Innovate Reconciliation Action Plan, under which it will work with CATSINaM to “record and celebrate” the history of Aboriginal and Torres Strait Islander nurses from their own perspectives. She said:

**It's really important our stories are told by our people. So much of Australia's history is told through a non-Indigenous lens.**

**It's vital that both Indigenous and non-Indigenous nurses know the beautiful rich history of Aboriginal and Torres Strait Islander nurses and midwives in this country. Their stories need to be elevated so that we can know and have pride in them.”**

**Focus on mentoring**

At a pre-conference workshop developing excellence in mentoring skills, the power and passion of youth leaders was clearly evident – as noted by many participants in this video interview.

Consultant Marg Cranney, who ran the workshop and is involved with a mentor training program for CATSINaM (watch this video interview to find out more), said the workshop sought to help people identify their mentoring skills, as people did not always recognise the skills they had.

She said successful mentoring was a shared journey, based in trust and power-sharing, in which relationships were two-way, whereby the mentor had the capacity to inspire the mentee to be “the best person that they can be, whoever they want to be”.

Mentoring was no longer seen as an expert giving their wisdom to a novice, she added.

**“It's about a two-way relationship in which the partners are equal; in which there is physical, cultural, spiritual safety, there's emotional safety, where people can respect one another and where they can raise issues.”**

Workshop discussions revealed that many participants faced similar issues in workplaces, including a lack of cultural safety and bullying. What differed, said Cranney, was whether management provided leadership in addressing the issues of concern or failed to respond appropriately.

The workshop heard from a panel of young midwives, nurses and students, including Shahnaz Rind, a Yamatji woman from Western Australia, who described being mentored by family members, and valuing mentors who listened and were authentic – “being yourself”.

Her cousin Banok Rind, a nurse now working in Melbourne, also described the importance of family members “who pushed me to be the best I can be”.

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You can track Croakey's coverage of the conference here. 

**Profiling the many ages, stages and types of leadership – #CATSINaM17**

**#CATSINaM17**
“My father taught me mentoring; it is part of our culture; and has also kept us resilient,” she said.

Being expected to be a mentor can also put a strain on young leaders, who are often under pressure on multiple fronts.

“We need a national mentoring program,” said Cherisse Buzzacott, a registered midwife from Alice Springs and Arrernte country, who is now based at the Australian College of Midwives in Canberra, working on the Birthing on Country project.

“I am often called upon to go to schools and speak about being a midwife and the university journey,” she said. “It can be a lot of pressure to put onto one person, and I know it’s the same for a lot of the other midwives and students.” A national mentoring program could be useful for “people out there who want to help but don’t know where to start.”

**Birthing on country**

Conference discussions highlighted the importance of listening to local communities and ensuring their leadership in the implementation of Birthing on Country models of care.

Birthing on Country – described at the conference as a model of culturally safe care and about decolonising how women give birth – is defined as “a metaphor for the best start in life for Aboriginal and Torres Strait Islander babies and their families because it provides an integrated, holistic and culturally appropriate model of care; not only bio-physical outcomes … it’s much, much broader than just the labour and delivery … (it) deals with socio-cultural and spiritual risk that is not dealt with in the current systems.”

The CATSINaM position statement says that Birthing on Country services are designed, developed, delivered and evaluated for and with Aboriginal and Torres Strait Islander women and generally are: community based and governed; provide for inclusion of traditional practices; involve connections with land and country; incorporate an holistic definition of health; value Aboriginal and/or Torres Strait Islander as well as other ways of knowing and learning.

“It needs to be recognised,” says the statement, “that Birthing on Country occurred for many thousands of years before women were removed to birth in other settings. Hence, from a historical perspective, it is a relatively new phenomenon to not birth on country.”

Importantly, conference speakers stressed, Birthing on Country is about respecting local communities’ needs and wishes, as well as about developing local workforce and strengthening families.

“What’s going to work in Nowra is not going to work in Brisbane,” said Leona McGrath, chair of the Australian College of Midwives Aboriginal and Torres Strait Islander Advisory Committee.

In this video interview, Cherisse Buzzacott talks about moves to roll out the Birthing on Country project, a partnership between four groups, in three demonstration sites: Brisbane, the south coast of New South Wales, and a third site yet to be determined but expected to be in a remote setting.

The conference was told of extensive consultations undertaken with local communities as part of work to develop the pilot site on the NSW south coast. Midwife Mel Briggs said: “We want to get a standalone birth centre; we don’t want to birth in hospital any more. Women want to birth with their families around.”
However, barriers to wider implementation of Birthing on Country also suggest the need for state and federal governments and related agencies to show leadership in associated reforms to insurance, legislation and accreditation standards.

**Shifting the majority**

Indeed, the need for the “97 percent” – non-Indigenous Australians – to step up in addressing issues such as institutional racism was one of the conference themes, especially during presentations and workshops about cultural safety.

For this group, leadership is perhaps best understood as a conscious and systematic effort to relinquish power and control, and to engage in self-examination and transformative change.

Also required is a willingness to smash negative stereotypes, according to Professor Chris Sarra (pictured), Co-chair of the Indigenous Advisory Council to the Prime Minister and Minister for Indigenous Affairs, and director of **Strong Smart Solutions**.

Sarra urged Indigenous and non-Indigenous Australians to engage in “high-expectations” relationships that embraced the positives of cultural identity and community leadership, and “our capacity for being exceptional”.

One of his slides stated: “We see Aboriginal leadership when we give it a space to BE!”

He said: “As whitefellas sometimes you will collude with this negative stereotype, thinking you are being culturally sensitive… we all have a responsibility to smash that negative stereotype.”

Sarra called for policy approaches “that nurture a sense of hope” rather than initiatives such as the Basics Card that undermine peoples’ power and collude with negative stereotypes.

**Networked leadership**

Indigenous Health Minister Ken Wyatt, stating that “the Turnbull Government is committed to doing things with Aboriginal people, not to them”, highlighted the leadership role of CATSINaM in supporting and expanding the Indigenous nursing and midwifery workforce.

“We need to make sure more people study nursing and midwifery and see these professions as rewarding and worthwhile as long term careers,” he said, in a video presentation to the conference (watch it [here](#)).

“Through CATSINaM’s leadership, nurses and midwives have access to mentors, leadership programs and networking opportunities. Many people at this conference are helping to expand the cultural competency of health professionals.”

CATSINaM is also providing leadership at a global level, working towards an international alliance of Indigenous nurses to inform global health policy and workforce development.

One of the collaborators in this emerging network, Kerri Nuku, from the New Zealand Nurses Organisation (NZNO) Kaiwhakahaere, told delegates of the importance of the solidarity and shared experiences of Māori and Aboriginal and Torres Strait Islander nurses.
She said conferences such as #CATSINaM17 were important for “moving forward”, noting that the NZNO hosted an Indigenous nurses conference each year, which was about putting “the fire in the belly” of nurses “to be the advocates, to be the change agents, to be the future”.

Nuku paid her respects to mentors such as Professor Moana Jackson, who “taught us to take a deep breath of courage” to fight against oppression, and to connect with cultural identity.

She also acknowledged a number of Aunties, senior women who had provided leadership and wisdom, including the late Dr Irihapeti Ramsden – not only because of “the gift” of her work on cultural safety but because she was a change agent.

Nuku also spoke of another Aunty, who repeatedly urged her to connect her heart and head in her work as a leader. She said:

"Our mission is to make this world a better place and to be the best ancestor I can be for my children, for the future and to protect and care for the young leaders who are coming forward."

Voice of experience

Dr Lynore Geia, a Bwgcolman woman from Palm Island and an academic at James Cook University in Townsville, also spoke of the importance of connecting head and heart in leadership.

Identifying with the imagery of a seedling that is “still growing into leadership”, Geia said her journey as a leader began in her family home, watching her parents care for others in the community and also helping others to resist the oppression of governments.

“My father died at 46, doing his job as a leader in community,” she said. “In those short years that I knew him, he left a lasting legacy, a footprint on my life and the lives of my siblings, that has carried me through to this day, and I’m sure will carry through to the end of my life.”

Geia also paid tribute to the role of mentors in her leadership journey, noting the importance of building relationships, and having “a teachable attitude”.

“Learn to be a follower,” she advised the students, “that’s about the path of your growth into leadership. If you have a favourite lecturer, a favourite educator, get around them, talk to them, watch and learn, listen, think about their words.”

Geia also said it was important to find supportive friendships. “Don’t hang about with people who don’t build into you because they will rob you of your future, you become who you hang around with,” she said.

It was also important to have a sense of humour, and not take yourself too seriously, Geia said.

“Us Murris have got to laugh,” she said. “Laughter is a very important part of growing into leadership, laughing at yourself, laughing at others, because it is a heart issue.”

Geia also advised humility, waiting for the right time to move forward – “if you try to push a door open, it doesn’t work” – and stressed the need to encourage and support colleagues.

“We don’t get a lot of that from the mainstream,” she said. “We need to build each other.”

Self-care was also vital, she said (and this was also a theme at the conference – watch these interviews with Craig Dukes, CEO of the Australian Indigenous Doctors Association, and others who participated in a meditation workshop with Dr Danielle Arabena.)
Geia said:

- As an Aboriginal and Torres Strait Islander leader, you get on called for lots of things.

- Choose what you take on, because you get tired. Leadership in Aboriginal and Torres Strait Islander health not only requires you to put your knowledge out there, it requires all of you, you have to draw from your own emotions.

- Your spiritual, emotional, mental wellbeing all goes into how you do your work. Just be thankful for where you are each day; that goes a long way in building your soul, building your heart.”

For her, restoration came from going home to Palm Island.

**Conference reflections**

Many participants said the conference had an important role in connecting and strengthening them to claim their futures (as elaborated in these interviews, with Joshua Pierce and with participants “the morning after”).

Ali Drummond, a lecturer at QUT who talks here about his teaching and research around cultural safety, stressed the place of the conference in building relationships and providing space for colleagues “to come together to make new memories, to engage, to yarn”, and for sharing between the different generations.

He said:

- It’s a part of us being a community of Aboriginal and Torres Strait Islander nurses and midwives; its been so great to see mob from western Australia…you just spend half an hour walking through, hugging people you haven’t seen for a while.”

Cherisse Buzzacott said that the conference had left her feeling rejuvenated and inspired, and she particularly appreciated the sharing of ideas and knowledge. “Being around your mob too, I think that’s important too.’

Janine Mohamed also stressed the centrality of relationships to the conference dynamics and outcomes.

“It always is that one time of the year that people get to create, strengthen and build upon existing relationships or build new ones,” she said.

“Our conference, if I could put it in a nutshell, always has a real warmth about it, and a buzz. Before it’s even finished, people are asking about next year.”
Watch these interviews

Cherisse Buzzacott talks about mentoring, midwifery and birthing on country

Marg Cranney on mentoring

Reflections from mentoring workshop participants
What can meditation offer busy health professionals

Joshua Pierce reflects on the significance of CATSINaM conferences

Nursing, midwifery and student participants reflect on what they will take back to their workplaces
Tweet reports
Dr Lynore Geia's presentation

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You too deadly!
Too solid!
Love your work!
Go this way!
Go for it!
Take the next step

Legacy of Leadership
Leaving your footprint;
Serving others;
Taking others with you;
Courageous - new paths;
Walk your talk!
Respond vs React!
You can track Croakey’s coverage of the conference here.

Profiling the many ages, stages and types of leadership – #CATSINaM17

Leadership is founded in family, country, connections, vision, heart, knowledge:
@LynoreGeia #CATSINAM17

Threads of lived experience in growing into leadership

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Warm thanks

...to all who helped to share the news on Twitter & other social media.

Croakey Conference News Service

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