Cultural Safety/Racism/White Privilege

How does Indigenous knowledge meld with the Person-centred Practice Framework

Macro-context

Health policy and Strategic leadership is a fundamental element of addressing the white privilege that is inherent in the approach to policy development that impacts on the health outcomes for Aboriginal and Torres Strait Islander peoples

Pre-requisites

On an individual level, knowing self, being professionally competent and having high-level interpersonal skills are essential in your practice when being with Aboriginal and Torres Strait Islander peoples in practice

Person-centred Processes

Focussing on the person-centred processes enables nurses to be mindful of practice to enable the personhood of others without placing our own values and beliefs upon them.

Determinates of Cultural safety

For Aboriginal and Torres Strait Islander people health is affected by the cultural determinates of health. To be truly person-centred and culturally safe these determinants must be considered.

What is the CATSINaM curriculum?

The 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework was released by the Australian Government Department of Health in September 2015 (Commonwealth of Australia, Department of Health, 2014).

It was designed to support higher education providers to:

... implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs. Developed with extensive input and guidance from a wide range of stakeholders around Australia, the Framework aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples through the development of cultural capabilities during their undergraduate training (Commonwealth of Australia, Department of Health, 2014, Section 1, p. 4).

Appropriate language when referring to Aboriginal and Torres Strait Islander People

Culturally safe language

Using inclusive and respectful language and terminology is an essential component of reconciliation. The ways we speak about reconciliation is just as important as the way we act. Language is itself active and can impact attitudes, understanding and relationships in a very real and active sense.

You should always seek advice from your Aboriginal and Torres Strait Islander stakeholders (the people you are engaging with either in health care, or research for example) regarding preferences and protocols about terminology.

Dadirri - listening to each other the Aboriginal WayWhat is the practice of Dadirri

Aboriginal people passed on stories orally as they knew no writing. LIstening to the storyteller was vital to reproduce the story accurately to the next generation of story tellers. Deep listening describes the process of deep and respectful listening to build community - a way of encouraging people to explore and learn from the ancient heritage of Aboriginal culture, knowledge and understanding. The word, concept and spiritual practice that is dadirri (da-did-ee) is from the Ngan'gikurunggurr and Ngen'giwumirri languages of the Aboriginal peoples of the Daly River region (Northern Territory, Australia). It means inner deep listening and quiet, still awareness.

Yarning circles

Yarning circles come from ancient wisdom and are a way of learning with and from each other. Ever since people first walked the earth, we have been sitting down together and sharing stories. Yarning circles are based in human processes of caring and communicating.

The process of sharing stories and our thoughts and feelings is an important way to express ourselves and allow others to see us as our authentic selves. These narratives reflect our experience, affirm our identity and allow us to share the significant meanings of our life and culture.

In a yarning circle, all participants are provided with an opportunity to speak in a safe non-judgmental place and to share their strengths in an inclusive and collaborative learning environment. Yarning together is always focused on strengths not problem solving or criticism.

It is important to be present in the moment, to have respectful interactions, to be open and honest, to listen deeply, acknowledge other’s strengths and offer your own strengths and knowledge in turn. In a yarn, all points of view are equally valid and all respectful verbal statements are equally valid. In a yarning circle deep listening is as important as sharing your story.

How yarning circles work

- Participants respect each other's views (no comments on others views either in the circle or afterwards)
- Participants sit in a circle
- The facilitator guides the circle
- No voice is of greater importance than another
- Talk proceeds around the circle in a clockwise direction
- Each participant speaks from their strengths (it is ok to say what you think – it is important to express your views so you can work through them and do a self-check on how to manage these when you are in practice).
- Everyone listens to the speaker
- Participants talk in turn
- To question others, a participant's turn must come around again (try not to question others, listen deeply and contemplate)
- Sometimes participants may wish to pass their turn

Cultural Safety

Cultural safety is defined in Australia as: "The final step on a continuum of nursing and/or midwifery care that includes cultural awareness, cultural sensitivity, cultural knowledge, cultural respect and cultural competence. Cultural Safety is the recipient's own experience and cannot be defined by the caregiver. CATSINaM advocates on behalf of Aboriginal and Torres Strait Islander peoples by promoting a framework of Cultural Safety to inform attitudes and behaviours in the provision of care by health professionals to Aboriginal and Torres Strait Islander individuals and communities, so individuals and their families feel culturally secure, safe and respected. To achieve this state, Cultural Safety must be embedded in every aspect of nursing and midwifery practice" (CATSINaM, 2016)

Cultural safety is a requirement for nurses under our code of conduct and professional standards.

1. The origins of Cultural Safety

Throughout this module, you will learn about what Cultural Safety is and what it means for you as a nurse and your nursing practice. However, before we begin, it's important to learn about the Māori Nurse Educator, Dr Irihapeti Ramsden who developed 'Cultural Safety' and why it was developed.

Dr Irihapeti Ramsden commenced the development of Cultural Safety in the late 1980s, in New Zealand, when the concept *was built on* the understanding of the Treaty of Waitangi and the implications it had for power, resource sharing, positive action, and training in nursing and midwifery (Ramsden, 1989). It has since been implemented in Australia and Canada.

Cultural Safety *arose from* the colonial context of New Zealand by Maori nurses in response to the poor health status of Maori where alongside Cultural Safety lie the recruitment and retention of Maori Nurses on the premise that more Maori nurses could give better service to Maori.

Cultural Safety in Nursing and Midwifery – Australia

Fact 1: Cultural Safety began as the Aboriginal and/or Torres Strait Islander Nursing response to "*difficulties experienced in interaction with the western nursing service*" (Ramsden, 2002, p. 110).

Fact 2: Cultural Safety in Australia *arose from* the colonial context of Australia by Aboriginal and/or Torres Strait Islander Nurses in response to the poor health status of Aboriginal and/or Torres Strait Islanders where alongside Cultural Safety lie the recruitment and retention of Aboriginal and/or Torres Strait Islander Nurses on the premise that more Aboriginal and/or Torres Strait Islander nurses could give better service to Aboriginal and/or Torres Strait Islanders.. Aboriginal and/or Torres Strait Islander Health came first Cultural Safety came after'. Aboriginal and/or Torres Strait Islander health and cultural safety are two separate but inter-related concepts (Congress of Aboriginal & Torres Strait Islander Nurses and Midwives [CATSINaM], 2023)

Fact 3: In 2008, Aboriginal and/or Torres Strait Islander Health and Cultural Safety Standards and Companion Explanatory Note for nursing education were first written by CATSINaM (CATSINaM, 2023)

Fact 4: In 2003, the Australian Nursing and Midwifery Accreditation Council (ANMAC) [previously, the Australian Nursing and Midwifery Council (ANMC)] adopted Cultural Safety as policy for nurse education in 2003. This means every Australian nurse education program would contain Cultural Safety Curriculum for nursing and midwifery students.

White privilege

White privilege is the acknowledgement of the dominant culture in Australia

Accepting we hold white privilege is challenging for most. Regardless of our views, truth-telling recognises that White Settlers stole the rights, land and children of our First Nations Peoples and therefore any other race in Australia holds more rights than Aboriginal and Torres Strait Islander Peoples.

Consider our societal structure, health policy, educational policy and justice system. All of the cultural norms are predominantly white and we as a nation, we expect our First Nations People to adjust and comply with these. When they don't, they are judged as being inferior and problematic.

Racism

Culture of Power: Social contexts

In Australia, we are constantly surrounded by messages about what it means to be Australian. We are also surrounded by messages about Aboriginal and Torres Strait Islander people and evidence suggests most of these messages are negative.

Beyond Blue published findings from a 2014 survey completed by 1000 non-Aboriginal Australian aged 25-44 years.

Beyond Blue reported on the attitudes held about Aboriginal and Torres Strait Islander people:

- **Almost 1 in 2 (46%)** did not identify that moving away from an Aboriginal or Torres Strait Islander person is an act of discrimination.

- **Almost 1 in 3 (31%)** believed telling jokes about Aboriginal and Torres Strait Islander people is an automatic or unconscious action on the part of the discriminator (for example, this means that it's 'natural' and so ,'normal' to tell jokes).
- **Almost 1 in 4 (24%)** believed that not hiring an Aboriginal or Torres Strait Islander person would be an automatic or unconscious action on the part of the discriminator (i.e. that it's 'natural' and so 'normal' to do this).
- **Almost 1 in 10 (9%)** did not believe direct verbal abuse is an act of discrimination.

Beyond Blue reported further reported:

- **25% (1 in 4)** did not agree that experiencing discrimination has a negative personal impact.
- **28% (almost 1 in 3)** did not think reducing discrimination as a priority.
- **19% (almost 1 in 5)** did not believe that discrimination impacts mental health.
- **10% (1 in 10)** would still:
  - **tell jokes** about Aboriginal and Torres Strait Islander people
  - **avoid** Aboriginal and Torres Strait Islander people on public transport or
  - **not hire** an Aboriginal or Torres Strait Islander person for a job
  - In our world, we all hold racist views. If you are thinking – not me – we challenge you to be true to yourself as humans are imperfect creatures who have opinions and judgements we are aware and unaware of. We also hold views that are anti-racist.

A Guide to Appropriate Aboriginal Terminology

https://moodle.uowplatform.edu.au/pluginfile.php/5624584/mod_resource/content/3/A guide to appropriate terminology NSW Health.pdf