



CATSINaM

**Towards a shared
understanding of terms and
concepts: Strengthening
nursing and midwifery care of
Aboriginal and Torres Strait
Islander peoples**

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CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

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Unity and Strength through Caring

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Preamble

As citizens and as nurses and midwives we live and work in a country that, along with its strengths and successes, has a shameful history of the treatment of Australia's first peoples. It is a history of great injustices committed and perpetuated as Australia evolved and developed into what it is (and we are) today.

And it is only in relatively recent times we as a nation have had the will to acknowledge the horribleness of our history, how Aboriginal and Torres Strait Islander peoples continue to be denied the same opportunities as non-Indigenous Australians, and have a health status that remains well below that of non-Indigenous Australians.

Without an historical context – without a solid understanding of Australia's colonial past and its consequences – an appreciation of the intent of this document is highly unlikely.

This document's intent is to demystify and provide an understanding of words and concepts such as cultural respect, cultural safety and cultural competence. Our motivation in writing it is the fact that in everyday life, and indeed in much of the literature, these terms are often used vaguely and interchangeably. Our aim is to provide definitions that have some substance and rigour. Without a solid basis, shared understandings cannot be assumed.

Understanding the terms and concepts and how they differ from each other is a first step towards integrating them into our nursing and midwifery practice, and is our responsibility as citizens and as nurses and midwives.

In this document when referring to Aboriginal and Torres Strait Islander peoples' health, we defer to the following definition:

Health is not just the physical wellbeing of the individual, but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.¹

The Code of Ethics for Nurses in Australia states:

The nursing profession recognises the universal human rights of people and the moral responsibility to safeguard the inherent dignity and equal worth of everyone. This includes recognising, respecting and, where possible, protecting the wide range of civil, cultural, economic, political and social rights that apply to all human beings.

The nursing profession acknowledges and accepts the critical relationship between health and human rights and 'the powerful contribution that human rights can make in improving health outcomes'. Accordingly, the profession recognises that accepting the principles and

¹ National Aboriginal Health Strategy Working Party, *A National Aboriginal Health Strategy*, Australian Government Publishing Service, Canberra, 1989.

standards of human rights in health care domains involves recognising, respecting, actively promoting and safeguarding the right of all people to the highest attainable standard of health as a fundamental human right, and that ‘violations or lack of attention to human rights can have serious health consequences’.

In recognising the linkages and operational relationships that exist between health and human rights, the nursing profession respects the human rights of Australia’s Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of and live a distinct and viable culture that shapes their world view and influences their daily decision making. Nurses recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care.²

Similarly, the Code of Ethics for Midwives states:

The midwifery profession recognises the universal human rights of people, and in particular of each woman and her infant(s); and the moral responsibility to safeguard the inherent dignity and equal worth of everyone. This includes recognising, respecting, actively promoting and safeguarding the right of each woman and her infant(s) to the highest attainable standard of midwifery care as a fundamental human right, and that ‘violations or lack of attention to human rights can have serious health consequences’.

In recognising the linkages and operational relationships that exist between childbirth and human rights, the midwifery profession respects the human rights of Australia’s Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of, and live a distinct and viable culture that shapes their world view and influences their daily decision making.

Midwives recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care.³

² Australian Nursing and Midwifery Council, *Code of Ethics for Nurses in Australia*, Nursing & Midwifery Board of Australia, The Australian College of Nursing and the Australian Nursing Federation, Canberra, 2008, viewed 16 June 2013 <<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>>.

³ Australian Nursing and Midwifery Council, *Code of Ethics for Nurses in Australia*, Nursing & Midwifery Board of Australia, The Australian College of Midwives and the Australian Nursing Federation, Canberra, 2008, viewed 16 June 2013 <<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>>.

These Codes, along with other key documents, underpin our registration and practice as nurses and midwives. In other words, we must adhere to the Codes – to do otherwise is to breach a condition of our registration.

Purpose and scope

This document's scope and sole focus is the relationship between the Aboriginal and Torres Strait Islander person and the non-Indigenous nurse and midwife.

This document provides explanations of the words and concepts to help us adhere to the Codes as they relate specifically to our provision of nursing and midwifery care to Aboriginal and Torres Strait Islander peoples and communities. For example, what does cultural safety really mean? How do we know we practise it? How is it measured?

Wherever possible, original works have been quoted. Some of the terms are vague and imprecise, and it is only when they are offered as conceptual frameworks that they have meaning.

We encourage the reader to consider the terms from all levels - of the individual nurse and/or midwife, of the health care organisation, and of the health care system. Similar to issues such as bullying and sexual harassment, the individual needs the support of the broader institution and system to affect change.

We trust this work will continue to grow, and be informed by government and other policy that aims to close the gap between the health status of Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians.

Culture

*Culture involves complex systems of concepts, values, norms, beliefs and practices that are shared, created and contested by people who make up a cultural group and are passed on from generation to generation. Cultural systems include variable ways of seeing, interpreting and understanding the world. They are constructed and transmitted by members of the group through the processes of socialisation and representation... Culture is dynamic. It changes because people's contexts change.'*⁴

Cultural awareness and cultural sensitivity

These terms are often used interchangeably. While some scholars regard cultural sensitivity as an advance on cultural awareness, for the purposes of this document we will consider them points

⁴ Australian Curriculum Assessment and Reporting Authority (ACARA), *Shape of the Australian Curriculum: Languages*, ACARA, Sydney, 2011, p.16.

on the same continuum. They focus on raising the awareness and knowledge of individuals about the experiences of cultures that are different from their own, i.e. different from the dominant culture. While they are necessary aspects of knowledge, in themselves they are generally not sufficient in leading to better care for Aboriginal and Torres Strait Islander peoples.⁵

According to NACCHO's work on different forms of cultural training, cultural awareness and sensitivity training both focus on increasing participants' awareness of the various cultural, social and historical factors applying to Aboriginal and Torres Strait Islander peoples generally, as well as to specific Aboriginal and Torres Strait Islander communities and/or groups. Cultural sensitivity training also encourages participant self-reflection "on their personal attitudes and experiences and how this may impact on how they communicate and behave with people outside of the dominant culture".⁶

Although it "may include a focus on the emotional, social, economic, political and historical contexts in which cultural differences and personal experiences occur", the main focus is on the individual and personal, rather than the historical and institutional nature of such individual and personal contexts. NACCHO explains this further:

*Even if racism is named, the focus is on individual acts of racial prejudice and racial discrimination. While historic overviews may be provided, the focus is again on the individual impact of colonization in this country, rather than the inherent embedding of colonizing practices in contemporary health and human service institutions.*⁷

Cultural knowledge

The following definition is detailed, yet remarkably succinct. It is an excerpt from the 1988 'Our Culture: Our Future' report that was commissioned by the Australian Institute of Aboriginal and Torres Strait Islander Studies.⁸ It was accepted by the Indigenous Reference Group on Indigenous Cultural and Intellectual Property and is worth quoting in its entirety:

Indigenous cultural knowledge consists of:

[The] intangible and tangible aspects of the whole body of cultural practices, resources and knowledge systems that have been developed, nurtured and refined (and continue to be developed nurtured and refined) by Indigenous people and passed on by Indigenous people as part of their cultural identity, including:

⁵ Thomson N, Cultural respect and related concepts: a brief summary of the literature. *Australian Indigenous Health Bulletin*, vol. 5, no. 4, 2005, pp. 1-11.

⁶ National Aboriginal Community Controlled Health Organisation (NACCHO), *Creating the Cultural Safety Training Standards and Assessment Process: a background paper*, NACCHO, Canberra, 2011, p. 10.

⁷ *Ibid*, p. 9.

⁸ Janke, T, *Our Culture : Our Future: Report on Australian Indigenous cultural and intellectual property rights*, Michael Frankel & Company and Terri Janke, Sydney, 1998.

- *Literary, performing and artistic works (including music, dance, song, ceremonies, symbols and designs, narratives and poetry)*
- *Languages*
- *Scientific, agricultural, technical and ecological knowledge (including cultigens, medicines and sustainable use of flora and fauna)*
- *Spiritual knowledge*
- *All items of moveable cultural property including burial artefacts*
- *Indigenous ancestral remains*
- *Indigenous human genetic material (including DNA and tissues)*
- *Cultural environment resources (including minerals and species)*
- *Immovable cultural property (including Indigenous sites of significance, sacred sites and burials)*
- *Documentation of Indigenous people's heritage in all forms of media (including scientific, ethnographic research reports, papers and books, films, sound recordings).⁹*

Cultural safety, cultural respect, cultural security, cultural responsiveness and cultural competence

These concepts extend beyond gaining new knowledge, and recognise the inadequacies of cultural awareness and sensitivity as drivers of change. They provide frameworks for policies and practices that inform attitudes and behaviours regarding the provision of care for Aboriginal and Torres Strait Islander Australians, whereby the Aboriginal person or Torres Strait Islander person and their family may feel culturally secure and safe, because the healthcare institution and the individual practitioner are demonstrating cultural respect and striving towards being culturally competent.

CULTURAL SAFETY (FRAMEWORK)

Cultural safety had its origins in New Zealand through the seminal work of Irihapeti Ramsden, a Maori nurse.¹⁰ It was a strategy to equip Pakeha (white) nurses to improve the care offered to Maori. In 1990 cultural safety was mandated in the standards for registration. In other words, culturally safe nursing and midwifery practice is required of all nurses and midwives for initial and ongoing registration.

⁹ Ibid

¹⁰ Ramsden, I, *Cultural safety and nursing education in Aotearoa and Te Waipounamu*, thesis submitted to the Victorian University of Wellington, 2002, viewed 1 Oct 2010 <<http://culturalsafety.massey.ac.nz/RAMSDEN%20THESIS.pdf>>.

As defined by the New Zealand Nursing Council initially in 1992 then reiterated in 2011, cultural safety is:

*The effective **nursing** practice of a person or family from another culture...The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact of his or her culture on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well being of an individual.¹¹*

Upon reading these guidelines, one is struck by the central position of power – for example:

Every interaction between health professional and consumers is unique and powerful, and involves a convergence of experience in what amounts to a relationship between social groups or cultures. These relationships have power or status imbalance and are influenced by the differences in the histories, social status, educational and other realities of the two people in the relationship.

Culture, in the safety sense, includes all people who differ from the cultures of nursing and midwifery. Being a member of any culture surrounds each person with a highly complex set of activities, values, beliefs and experiences that comprise their shared meanings and thus their reality. Many people evaluate and define members of other groups according to their own realities.

When one group far outnumbers another, or has the power to impose its own norms and values upon another, a state of serious imbalance occurs that threatens the identity, security and ease of the other cultural group, creating a state of dis-ease.

If those who have some control of power, resources and policies can accept that each human grouping has different needs and ways of doing things, and the right to express those differences, and that individuals in these groups would also differ in a range of ways, then there can be a common starting point in achieving health gains.

Cultural safety has been the starting point for nurses and midwives. Culturally safe nursing and midwifery practice empowers the users of health and disability services.¹²

The following are essential features of cultural safety:

- ⊕ An understanding of one's own culture.
- ⊕ An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s).

¹¹ Nursing Council of New Zealand, *Guidelines for cultural safety, and the Treaty of Waitangi and Maori health in nursing education and practice* (2nd edition), Nursing Council of NZ, 2011, p. 7.

¹² *ibid*, p 9

- ω It is informed by the theory of power relations - any attempt to depoliticise cultural safety is to miss the point.
- ω An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations People's lives and wellbeing – both in the past and the present.
- ω It's presence or absence is determined by the experience of the recipient of care – it is not defined by the caregiver.

CULTURAL RESPECT (FRAMEWORK)

The concept of cultural respect was developed into a framework document that was endorsed in 2004 by the Australian Health Ministers' Advisory Council's Standing Committee on Aboriginal and Torres Strait Islander Health. This national document defines cultural respect as follows:

... recognition, protection and continual advancement of the inherent rights, cultures and tradition of Aboriginal and Torres Strait Islander Peoples.

Cultural Respect is about shared respect... [and] is achieved when the health system is a safe environment for Aboriginal and Torres Strait Islander peoples and where cultural differences are respected. It is a commitment to the principle that the construct and provision of services offered by the Australian health care system will not compromise the legitimate cultural rights, values and expectations of Aboriginal and Torres Strait Islander peoples. The goal of Cultural Respect is to uphold the rights of Aboriginal and Torres Strait Islander peoples to maintain, protect and develop their culture and achieve equitable health outcomes.¹³

Through implementation of the document, the aim was to influence the health care system at all levels - governance, management and delivery – so that policies and practices are changed so they are more culturally respectful. In doing so, the desire was to help improve the health care outcomes of Aboriginal and Torres Strait Islander peoples.

The framework emphasizes that health is a cultural construct, and that culture and identity are central to Aboriginal and Torres Strait Islander peoples' views of health and wellbeing. It outlines four dimensions for which health services must develop initiatives and strategies:¹⁴

- ω **Knowledge and awareness** - the “individual cognitive dimension where the focus is on understandings and awareness of history, experience, cultures and rights of Aboriginal and

¹³ Australian Health Ministers' Advisory Council's Standing Committee on Aboriginal and Torres Strait Islander Health, *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004 – 2009*, 2004, Department of Health South Australia, Adelaide p. 7.

¹⁴ *ibid*, pp. 10-11.

Torres Strait Islander peoples” with the intent of positive change in both attitudes and behaviours of non-Indigenous staff.

- ⊕ **Skilled practice and behaviour** – the “action dimension where the focus is on changed behaviour and practice”. Recommended strategies include: education and training, performance management processes, recognition and inclusion of traditional health practices as options for Aboriginal and Torres Strait Islander peoples, and development of culturally appropriate protocols.
- ⊕ **Strong relationships** – this is the “organisational dimension” where organisations identify strategies for “upholding and securing the cultural rights of Aboriginal and Torres Strait Islander peoples”. Recommended strategies include: dedicated recruitment of Aboriginal and Torres Strait Islander staff and appropriately skilled non-Indigenous staff, and applying cultural understandings to workforce needs and risk management.
- ⊕ **Equity of outcomes** – this is the “results dimension where the focus is on outcomes for individuals and communities”. Recommended strategies include: setting relevant key performance indicators and targets, gathering feedback and reporting against them regularly, and adopting a continuous improvement approach.

The Cultural Respect Framework points out that attention must be given to both the individual and institutional levels of health services. Further, that failure to provide culturally respectful services involves both identifiable acts of deliberate commission and omission, but through oversights and neglect of cultural considerations that ultimately result in breaches of policy.

It emphasises that there is no one culturally respectful way – each health service must engage with and seek advice from local Aboriginal or Torres Strait Islander communities as a first step in determining the nature and detail of culturally appropriate policies and practices, although it does provide several examples of culturally respectful policies and strategies.

A notable absence from the Cultural Respect Framework is that it does not directly name racism, yet this is a critical context in which to understand the absence of cultural respect. As emphasised in NACCHO’s work, it is also a key component of cultural respect and safety training.¹⁵ Fortunately a more recent Australian Government document, the 2013-2023 National Aboriginal and Torres Strait Islander Health Plan clearly states that a goal is for “all health care, whether government, community or private, is free of racism”.¹⁶

CULTURAL SECURITY (FRAMEWORK)

The concept of cultural security is defined as:

¹⁵ NACCHO, op cit, 2011, p. 11.

¹⁶ Australian Government Department of Health and Ageing, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, Commonwealth of Australia, Canberra, 2013, p. 14, viewed 18 June 2013 <<http://www.health.gov.au/natsihp>>.

[A] commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. It is a recognition, appreciation and response to the impact of cultural diversity on the utilisation and provision of effective clinical care, public health and health system administration'.¹⁷

While this term is used more in Western Australia and the Northern Territory, it is important on a wider basis because it emphasises a shift away from just attitude to behaviour (more common for cultural awareness and sensitivity), to address the practice, skills and behaviour of the health system as a whole, as well as individuals within it, through considering and incorporating cultural values of Aboriginal and Torres Strait Islander Australians. This shift is aligned with the concepts cultural safety and cultural respect.

CULTURAL RESPONSIVENESS (FRAMEWORK)

The term cultural responsiveness appears to have arisen from government policies that aim to address and accommodate matters relating to diversity in the broadest of senses and includes gender, sexual preference, disability, age, religion, race and ethnicity. As defined by the Victorian Health Department, “cultural responsiveness describes the capacity to respond to the healthcare issues of diverse communities”.¹⁸ In other words, the health beliefs and practices, culture and linguistic needs of diverse populations and communities - not specifically to the needs Aboriginal and Torres Strait Islander peoples of the issues they face, which are unique and are a direct consequence of the history of colonialism.

CULTURAL COMPETENCE (FRAMEWORK)

Cultural competence first came to prominence through the work of Terry Cross and colleagues within the child care system in the USA during the late 1980s.¹⁹ They offer the following definition of cultural competence: “a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.”²⁰ It is viewed as a developmental process for both individuals and organizations along the cultural competence continuum. A useful

¹⁷ Western Australian Department of Health, *Aboriginal cultural security: a background paper*, Government of Western Australia, Perth, nd.

¹⁸ Victorian Department of Health, *Cultural responsiveness framework: guidelines for Victorian Health Services*, State Government of Victoria, Melbourne, 2009, p. 4.

¹⁹ Cross, T, Bazron, B, Dennis, K & Isaacs, M, *Towards a culturally competent system of care (Volume I)*, Georgetown University Child Development Center, Washington DC, 1989.

²⁰ National Centre for Cultural Competence, Georgetown University Center for Child and Human Development, viewed 9 June 2013, <<http://www.ncccurrecula.info/culturalcompetence.html>>.

adaptation of this continuum is found in the Victorian Government Department of Human Services 'Aboriginal Cultural Competence Framework' (see page 24).²¹

In 2005 the National Health and Medical Research Council (NHMRC) published 'Cultural competency in health: A guide for policy, partnerships and participation'. Building on Terry Cross's work, it makes the point that cultural competence is much more than an awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services.²²

However, it is important to understand that the scope of this document does not extend to cultural competency as applied to Aboriginal and Torres Strait Islander health care. In fact in the document's preface, the Chair writes:

While the model given in the guide applies generally, the Working Committee sought the advice of the Aboriginal and Torres Strait Islander members of NHMRC on whether the scope should include Aboriginal and Torres Strait Islander issues in relation to cultural competency. Given the need to focus on these issues in depth and the risks associated with not being able to do so in the time available, it was decided to ensure the exemplary work undertaken to date is included and to recommend the development of a specific resource.²³

There is a variation of opinion amongst Aboriginal and Torres Strait Islander Australians about the utility and appropriateness of the term cultural competence. It is not always considered a realistic goal for non-Indigenous people to become culturally competent in Aboriginal and Torres Strait Islander cultures, particularly as there is such diversity amongst Aboriginal and Torres Strait Islander Australians. Further, due to the significant interruption to cultural practices and knowledges caused by colonisation, some aspects have been lost for some or many Aboriginal and Torres Strait Islander nation groups. Thus, aspiring to cultural competence within their own Aboriginal and/or Torres Strait Islander cultures can be challenging for Aboriginal and Torres Strait Islander Australians.

²¹ Victorian Aboriginal Child Care Agency, *Aboriginal Cultural Competence Framework*, Victorian Government Department of Human Services, Melbourne, 2008.

²² National Health & Medical Research Council, *Cultural competency in health: a guide for policy, partnerships and participation*, Australian Government, 2005, p. 7.

²³ *ibid*, p. 1

Summary

Term	Key point	Utility	Outcome
Cultural awareness	Underpinning knowledge and attitudes	Not sufficient for sustained behaviour change, a foundation for further development	A necessary initial step
Cultural sensitivity	Underpinning knowledge and attitudes	Not sufficient for sustained behaviour change, a foundation for further development	A necessary early step
Cultural knowledge	Underpinning knowledge that is fundamental to Aboriginal and Torres Strait Islander people's health	Enabled through engagement with Aboriginal and Torres Strait Islander individuals and communities	Remains the property of Aboriginal and Torres Strait Islander groups and communities
Cultural safety	A political concept: personal, institutional and system	First Nationals peoples specific – emphasise institutional and historical contexts, and identifies power and its consequences	A critical requirement for achieving accessible and equitable health care services
Cultural respect	Government framework document	Aboriginal and Torres Strait Islander specific – acknowledges key role of Aboriginal and Torres Strait Islander communities in determining their health care	Respect for and advancement of the inherent rights of Aboriginal and Torres Strait Islander peoples
Cultural security	Government framework document	Has been superseded	Represents a shift from individuals to systems
Cultural responsiveness	Government framework document	Not Aboriginal and Torres Strait Islander specific - useful for issues relating to diversity generically	Understanding of an all of systems approach for effectively addressing diversity in general
Cultural competence	Framework document	Not Aboriginal and Torres Strait Islander specific - useful for issues relating to diversity generically	A worthy aspiration and on-going process, whereby individual, organisations and societies plot their progress

Conclusion

Nurses and midwives must acquire cultural awareness and sensitivity as first steps towards the recognition of the need for and the provision of culturally respectful care – care which is deemed by the patient/client to be culturally safe. However, an appreciation and ability to implement the concepts of cultural respect and cultural safety are essential for this to be achieved. Ultimately, Aboriginal and Torres Strait Islander Australians determine if the care they receive is culturally safe and respectful.

Nurses and midwives need to recognise and understand the inherent power imbalance in the nurse-patient relationship, and how this is accentuated in their relationships with Aboriginal and Torres Strait Islander patients. Further, nurses and midwives need to recognise racism in all its various guises in their own practice - and react appropriately and professionally. This commitment is required of all nurses and midwives in the Codes of Ethics. It is also critical that nurses and midwives can recognise racism is embedded in health service policies and practices, and seek to influence change in the health system.

Most importantly, nurses and midwives must acknowledge the rights of Aboriginal and Torres Strait Islander peoples to define and determine what constitutes culturally safe and respectful care. There is much to learn for non-Indigenous nurses and midwives, and much to gain for everyone involved.

Selected Bibliography

The main documents that informed this work are listed below - additional references used are included in the footnotes.

Australian Curriculum Assessment and Reporting Authority (ACARA), 2011, *Shape of the Australian Curriculum: Languages*, ACARA, Sydney, viewed 25 May 2013 <www.acara.edu.au/verve/_resources/Languages_-_Shape_of_the_Australian_Curriculum.pdf>.

National Health & Medical Research Council, 2005, *Cultural competency in health: a guide for policy, partnerships and participation*, Australian Government, viewed 14 June 2013, <www.nhmrc.gov.au/_files_nhmrc/publications/attachments/hp19.pdf>.

Australian Health Ministers' Advisory Council's Standing Committee on Aboriginal and Torres Strait Islander Health, 2004, *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004 – 2009*, Department of Health South Australia, Adelaide, viewed 9 June 2013 <[www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm/\\$FILE/Cultural_Respect_Framework.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm/$FILE/Cultural_Respect_Framework.pdf)>.

National Aboriginal Community Controlled Health Organisation, 2011, *Creating the Cultural Safety Training Standards and Assessment Process: a background paper*, viewed 4 June 2013 <http://www.naccho.org.au/download/cultural_safety/CSTStandardsBackgroundPaper.pdf>.

Nursing Council of New Zealand, 2011, *Guidelines for cultural safety, and the Treaty of Waitangi and Maori health in nursing education and practice (2nd edition)*, Nursing Council of NZ, viewed 6 June 2013 <http://pro.healthmentoronline.com/assets/Uploads/refract/pdf/Nursing_Council_cultural-safety11.pdf>.

Janke, T, 1998, *Our Culture : Our Future: Report on Australian Indigenous cultural and intellectual property rights*, Michael Frankel & Company and Terri Janke, Sydney, viewed 6 June 2013, <<http://frankellawyers.com.au/media/report/culture.pdf>>.

Thomson N, 2005, *Cultural respect and related concepts: a brief summary of the literature. Australian Indigenous Health Bulletin*, vol. 5, no. 4, pp. 1-11.

Victorian Aboriginal Child Care Agency, 2008, *Aboriginal Cultural Competence Framework*, Victorian Government Department of Human Services, Melbourne, viewed 9 June 2013 <www.dhs.vic.gov.au/_data/assets/pdf_file/0011/580934/Aboriginal_cultural_competence_2008.pdf>

Victorian Department of Health, 2009, *Cultural responsiveness framework: guidelines for Victorian Health Services*, State Government of Victoria, Melbourne, viewed 15 June 2013 <www.health.vic.gov.au/_data/assets/pdf_file/0008/381068/cultural_responsiveness.pdf>.

Western Australian Department of Health, nd, *Aboriginal cultural security: a background paper*, State Government of Western Australia, Perth, <www.palmerston.org.au/LiteratureRetrieve.aspx?ID=112992>.