



CATSINaM

10 November 2015

Royal Commission into Institutional Response to Child Sexual Abuse
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dvocacyandsupport@childabuseroyalcommission.gov.au

Dear Secretariat

Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services

I am writing in response to your email of 28 October 2015 regarding the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues Paper 10: Advocacy and Support and Therapeutic Services* and the invitation to respond to the consultation questions raised in this paper.

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) was founded in 1997. Our primary role is to represent, advocate and support Aboriginal and Torres Strait Islander nurses and midwives at a national level. Aboriginal and Torres Strait Islander nurses, midwives and other health professionals, play a critical role in the delivery of improved social and emotional wellbeing outcomes for all Australians.

We support the work of the Royal Commission into Institutional Responses to Child Sexual Abuse and acknowledge efforts to include the needs of diverse victims and survivors in advocacy, support and therapeutic treatments. We draw your attention to the vision within the Commonwealth Government's *National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (NATSIHP)*:

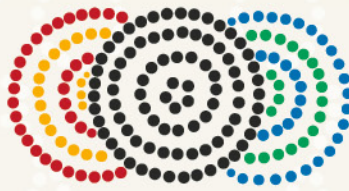
'The Australian health system free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.'

NATSIHP and its subsequent *Implementation Plan* were developed in close consultation with national Aboriginal and Torres Strait Islander health peak bodies through the National Health Leadership Forum. We encourage the Commission to look to ways to embed NATSIHP's Vision and Principles, namely that of health equality and a rights based approach, within your findings.

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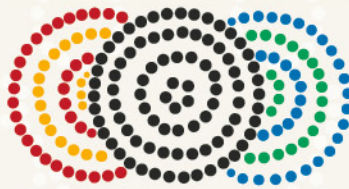
CATSINaM submits several points in response to the Consultation Questions at Topic B: Diverse victims and survivors:

- ① Cultural Safety - Aboriginal and Torres Strait Islander Australians are more likely to utilise services, and achieve better outcomes by accessing services that are respectful and culturally safe places. CATSINaM submits for your consideration our *Cultural Safety Position Paper* (enclosed) containing recommendations on how government and health industry providers can embed cultural safety practices. Recommendations include, but are not limited to, continuing professional development programs on cultural safety for health provider staff.
- ① Affirmative Action - Aboriginal and Torres Strait Islander nurses and midwives are equipped with a unique combination of cultural and health knowledges and are best positioned to advocate for, and treat, the complex needs of Aboriginal and Torres Strait Islander clients. CATSINaM supports affirmative action by government and service providers to increase the proportion of Aboriginal and Torres Strait Islander people involved in service delivery to victim and survivor groups. We submit our *Recruitment and Retention Position Paper* (enclosed) for further information.
- ① Investing in comprehensive primary health care models - Aboriginal and Torres Strait Islander victims and survivors are often dealing with compounded disadvantage. Primary health care models that provide a holistic patient-centric based approach to patient care, such as those of Aboriginal Medical Services, are better equipped to address the social determinants of health and wellbeing.
- ① *National Review of Mental Health Programmes and Services Report* - The Report published November 2014 identified a number of actions that government could take to reform the Australia's mental health system. This included enhancing the Mental Health Nurse Incentive Program (MHNIP) by promoting the uptake of the programme by Indigenous Primary Healthcare Organisations and providing opportunities for MHNIP-funded nurses to be a part of the proposed mental health and social and emotional wellbeing teams.
- ① Human Rights and Equal Opportunity Commissions *Bringing Them Home Report* – CATSINaM submit that the Commission look to the learnings and findings of *The Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* (also known as the Stolen Generations Inquiry). Notably relevant to the question of access to advocacy, support and therapeutic treatments are the Recommendations on Indigenous well being model (33a, 33b, 33c); Mental health worker training (35) and Prisoner services (37).

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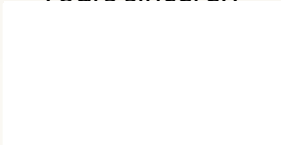


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- ① That the Commission recognise the Healing Foundation (established as a result of the Stolen Generations Inquiry) as a practice model for healing and reconciliation services, and a key stakeholder when working with Aboriginal and Torres Strait Islander victims and survivors.
- ① That the Commission recommends the use of social impact assessments to identify possible policy implications for victims and survivors, including Aboriginal and Torres Strait Islander's, in developing and delivering new services.

Once again thank you for the opportunity to contribute to this important work and we look forward to welcoming the final report of the Commission.

Yours sincerely



Janine Mohamed
Chief Executive Officer

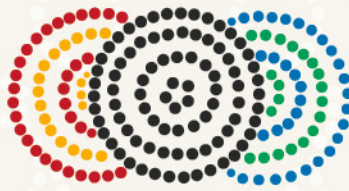
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CATSINAM Cultural Safety Position Paper
CATSINaM Recruitment and Retention Position Statement

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Cultural Safety Position Statement

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) was founded in 1997. It is the national peak body that represents, advocates and supports Aboriginal and Torres Strait Islander nurses and midwives at a national level. We are a membership-based organisation and are governed by a nationally elected Aboriginal and Torres Strait Islander Board.

We believe that nurses and midwives are the backbone of the Australian health system and play a pivotal role in providing culturally safe health services to Aboriginal and Torres Strait Islander communities. As nurses and midwives often work in frontline positions, their capacity to do this effectively is critical.

Two strategic directions for CATSINaM are to strengthen our effectiveness in advocating on behalf of Aboriginal and Torres Strait Islander nurses and midwives and supporting the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery. Cultural safety is integral to pursuing both of these directions.

Cultural safety is viewed by CATSINaM 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.

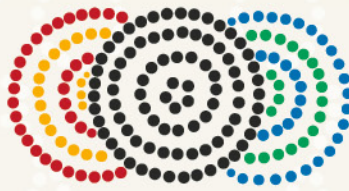
Our position

1. CATSINaM affirms that Aboriginal and Torres Strait Islander Australians have the right to live a healthy, safe and empowered life with strong connections to culture and country.
2. CATSINaM believes that Aboriginal and Torres Strait Islander Australians are more likely to seek access to health care, and achieve better health outcomes by accessing services that are respectful and culturally safe places.

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3. CATSINaM considers that a lack of cultural safety and institutional racism are barriers to the recruitment and retention of Aboriginal and Torres Strait Islander students and graduate nurses and midwives.
4. CATSINaM supports the Nursing and Midwifery Board of Australia's Code of Ethics for Nurses (2008) and Code of Ethics for Midwives (2008) which articulates the inextricable link and operational relationships between human rights and health as shaping the outcomes of care provided to Aboriginal and Torres Strait Islander Australians.

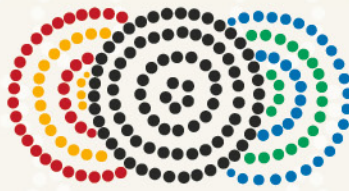
We resolve to:

1. Advocate for mandatory Aboriginal and Torres Strait Islander content on health, history and culture, and on cultural safety in:
 - all education and training programs leading to nursing and/or midwifery registration and/or nursing or midwifery endorsement
 - approved continuing professional development and lifelong learning activities for the purposes of meeting mandatory continuing education requirements by the Nursing and Midwifery Board of Australia.
2. Advocate for enhanced Aboriginal and Torres Strait Islander content relating to health, history, culture and cultural safety in future reviews of all accreditation standards leading to nursing or midwifery registration, or endorsement in order to instil cultural safety in practice.
3. Advocate for and provide advice to health industry providers and other key stakeholders on creating culturally safe working environments for Aboriginal and Torres Strait Islander nurses and midwives.
4. Work in partnership with relevant stakeholders such as Commonwealth and state/territory Chief Nurses, nursing and midwifery professional colleges and associations, industry leaders, education providers, clinical educators and clinicians in the development of educational and/or promotional materials that advance Aboriginal and Torres Strait Islander peoples' health, and the social and emotional wellbeing of Aboriginal and Torres Strait Islander nurses and midwives.

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5. Actively engage with education providers, nursing and midwifery professional colleges and associations, and relevant industry leaders in developing, publishing, distributing and promoting an academically rigorous interpretative guide for teaching and learning Aboriginal and Torres Strait Islander history, health and culture in nursing and midwifery programs, that will instil cultural safety in practice.

We recommend that:

1. Nursing and midwifery undergraduate and postgraduate program providers and continuing professional development providers:
 - actively engage with Aboriginal and Torres Strait Islander communities and their representatives in curriculum planning and review committees
 - adopt an affirmative action approach to the recruitment of Aboriginal and Torres Strait Islander students and staff
 - ensure their curricula meets the Australian Nursing and Midwifery Accreditation Council standards regarding inclusion of the “Aboriginal and Torres Strait Islander peoples’ history, health, wellness and culture”, including cultural safety
 - advocate for the establishment of a ‘Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN), and actively support and engage with its activities.
2. Australian, state and territory health departments:
 - provide funding to support the development and use of history, health, culture and cultural safety teaching resources;
 - fund continuing professional development programs on cultural safety for all staff
 - require their funded organisations to provide evidence of culturally safe health service environments and experiences for Aboriginal and Torres Strait Islander clients and staff.
3. Nursing and midwifery professional colleges and associations:
 - actively identify and address the needs of their Aboriginal and Torres Strait Islander members

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- engage with relevant Aboriginal and Torres Strait Islander health organisations in addressing their members' needs
 - advocate for the establishment of a 'Leaders in Indigenous Nursing and Midwifery Education Network' (LINMEN).
4. Health industry providers (government and non-government):
- fund continuing professional development programs on cultural safety for all staff
 - develop and support strategies that enhance the cultural safety of Aboriginal and Torres Strait Islander nurses and midwives
 - advocate for the establishment of a 'Leaders in Indigenous Nursing and Midwifery Education Network' (LINMEN).

Background

The importance of cultural safety and cultural respect in the delivery of health services have a basis in international human rights, as described in Articles 21, 23, 24, and 29 in the United Nations Declaration on the Rights of Indigenous Peoples.¹ Within Australia there have also been several reports that refer to the link between positive health and employment outcomes for Aboriginal and Torres Strait Islander Australians and the presence of cultural safety and absence of racism.^{2, 3, 4, 5}

There has consistently been confusion with terminology relating to cultural safety, such as cultural sensitivity, cultural knowledge, cultural respect and cultural competence. However, the nursing and midwifery literature identifies that cultural safety is the final

¹ United Nations 2007, *Declaration on the Rights of Indigenous Peoples*, viewed 28 January 2014, <<http://www.un.org/esa/socdev/unpfii/en/declaration.html>>.

² Queensland Government 2010, *Aboriginal and Torres Strait Islander cultural capability framework 2010–2013*, viewed 28 January 2014, <www.health.qld.gov.au/atsihealth/documents/cultural_capability.pdf>.

³ Australian Indigenous Doctors' Association 2013, *Cultural safety for Aboriginal and Torres Strait Islander doctors, medical students and patients*, viewed 28 January 2014, <<http://www.aida.org.au/policypapers.aspx>>.

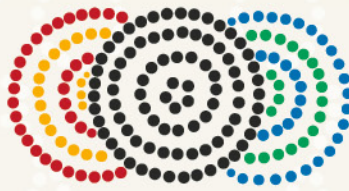
⁴ SA Department of Health 2008, *Aboriginal Nursing and Midwifery Strategy, 2008-2011*, Government of South Australia, viewed 28 January 2014, <www.nursingsa.com/pdf/Office/Aboriginal_NM_Strategy.pdf>.

⁵ Dockery, AM 2009, *Cultural dimensions of Indigenous participation in education and training*, NCVER Monograph Series 02/2009, National Centre for Vocational Education Research, Adelaide.

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step on a continuum in which systemic change occurs within an organisation or service, and individual health workers develop awareness of their own identity and how this impacts on care provision for Aboriginal and Torres Strait Islander peoples.⁶

Although Aboriginal and Torres Strait Islander peoples are culturally, linguistically and ethnically diverse, most share a holistic understanding of ‘health’ which differs from the definitions commonly adopted in Australian health institutions. The National Aboriginal Health Strategy (NAHS, 1989) defines Aboriginal health as:

... not just the physical well-being of an individual but... the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.⁷

Whilst there has been considerable investment in improving health outcomes and life expectancy for Aboriginal and Torres Strait Islander Australians since the signing of the National Partnership on Closing the Gap in Indigenous Health Outcomes in December 2008, evidence indicates that the current health system continues to inadequately address cultural safety issues both for those who access health services,⁸ and for Aboriginal and Torres Strait Islander student and graduate nurses and midwives undertaking clinical placements or employed within the health system.⁹

The lived experience of cultural safety and cultural respect in health settings can be described at individual and institutional levels. Individually it is the absence of racism and/or discrimination perpetrated by individual health workers against Aboriginal and Torres Strait Islander patients or staff. Institutionally, it is the absence or at least countering of institutional racism; institutional racism occurs when organisational policies and practices do not reflect or consider the cultural values, meanings and protocols of

⁶ Downing, R, Kowal, E Paradies, A 2011, ‘Indigenous cultural training for health workers in Australia’. *International Journal for Quality in Health Care*, vol. 23, no. 3, pp. 247–257.

⁷ National Health Strategy Working Party 1989, *A National Aboriginal Health Strategy*, Department of Aboriginal Affairs, Canberra.

⁸ Australian Indigenous Doctors’ Association. *op cit*.

⁹ Allen, J 2010, ‘Improving cross-cultural care and antiracism in nursing education: a literature review’ , *Nurse Education Today*, vol. 30.

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Aboriginal and Torres Strait Islander Australians.¹⁰ NACCHO notes that “services that are not Aboriginal community-controlled, by definition, cannot deliver culturally appropriate primary health care. However, services that are not Aboriginal community-controlled can be encouraged to deliver healthcare that is culturally secure”.¹¹

In order to achieve health service environments that are culturally safe for Aboriginal and Torres Strait Islander patients and staff, cultural safety training programs and resources that target all health workers are being implemented around Australia.¹² For example, the NACCHO Cultural Safety Training Standards have set a national benchmark for what constitutes cultural safety training.¹³ In addition, Aboriginal and Torres Strait Islander organisations, including CATSINaM, are actively promoting and supporting the input of Aboriginal and Torres Strait Islander health professionals and experts into the development of national nursing and midwifery standards, mandatory inclusion of Aboriginal and Torres Strait Islander content on health, history, culture and cultural safety in course and program curricula^{14, 15} and the development of a range of resources to support and promote

¹⁰ National Aboriginal Community Controlled Health Organisation 2011, *Creating the NACCHO Cultural Safety Training Standards and Assessment Process: a background paper*, NACCHO, Canberra, viewed 6 February 2014, <<http://www.naccho.org.au/promote-health/cultural-safety/>>.

¹¹ National Aboriginal Community Controlled Health Organisation 2009, Submission to the Australian Government paper, ‘Towards a National Primary Health Care Strategy’, cited in *ibid*.

¹² Australian Indigenous Doctors’ Association, *op cit*.

¹³ NACCHO, *op cit*.

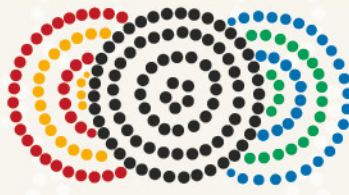
¹⁴ Health Workforce Australia 2011, *Growing our future: the Aboriginal and Torres Strait Islander Health Worker Project Final Report*, HWA, Adelaide.

¹⁵ Australian Nursing Federation and Royal College of Nursing, 2006, *Joint position statement: Indigenous Australian people and nursing education*, viewed 4 February 2014, <www.anf.org.au>.

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Recruitment and Retention Position Statement

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) was founded in 1997. It is the national peak body that represents, advocates and supports Aboriginal and Torres Strait Islander nurses and midwives at a national level. We are a membership-based organisation and are governed by a nationally elected Aboriginal and Torres Strait Islander Board.

We believe that nurses and midwives are the backbone of the Australian health system and play a pivotal role in providing culturally safe health services to Aboriginal and Torres Strait Islander communities. As nurses and midwives often work in frontline positions, their capacity to do this effectively is critical.

A strategic direction for CATSINaM is to strengthen our effectiveness in supporting the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery. This contributes to the well-recognised and broader need for Australia to improve recruitment and retention of nursing and midwifery students and employees in order to meet the health care needs of the future.

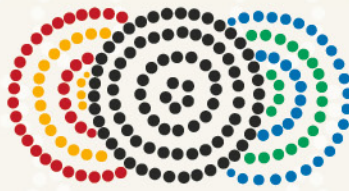
Our position

5. CATSINaM believes that the participation of Aboriginal and Torres Strait Islander peoples in the nursing and midwifery workforce is an essential element in closing the life expectancy gap for Aboriginal and Torres Strait Islander peoples within a generation.
6. CATSINaM is committed to working with key stakeholders to engage with Aboriginal and Torres Strait Islander students in primary school and to ensure a seamless transition through secondary and tertiary (vocational and/or university) education to employment in the health system.
7. CATSINaM supports affirmative action by industry leaders, employers and other key stakeholders to increase the proportion of Aboriginal and Torres Strait Islander people currently in the nursing and midwifery workforce or considering entering the professions.

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8. CATSINaM supports the advancement of individual Aboriginal and Torres Strait Islander nurse and midwife leaders as a means of achieving a sustainable Aboriginal and Torres Strait Islander nursing and midwifery workforce.

Recruitment - we resolve to:

9. Work with key stakeholders - including local communities, schools, students and families - to promote, advise and support the establishment of new and innovative pathways for the transition of Aboriginal and Torres Strait Islander school students into careers in nursing and midwifery through vocational education and training, and/or through undergraduate and post graduate studies in the university sector.
10. Promote the recruitment of mature aged Aboriginal and Torres Strait Islander people to the nursing and midwifery professions by working in partnership with Aboriginal and Torres Strait Islander communities and other stakeholders, to ensure appropriate cultural support processes, flexible learning, and recognition of prior learning processes are accessible to all.
11. Engage with relevant bodies to explore how current and emerging technologies may increase Aboriginal and Torres Strait Islander students' access to education and training.
12. Engage with Commonwealth, state/territory Chief Nurse and Midwifery Officers, universities and research institutes, and other key stakeholders to research innovative strategies that increase the recruitment and retention of Aboriginal and Torres Strait Islander nursing and midwifery students and employees, including increasing the number of scholarships and cadetships available.

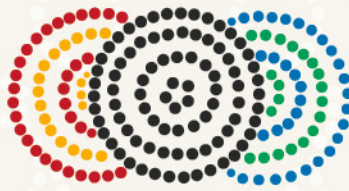
Retention - we resolve to:

13. Raise awareness amongst key stakeholders of the essential need for excellence in student and graduate support services, including the provision of culturally safe learning environments, academic support, mentors and role models, and financial incentives to study.
14. Establish partnerships with Commonwealth, state and territory governments, education providers and industry groups to provide advice on the implementation of appropriate support services.

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15. Work in partnership with the vocational education and training sector, university schools of nursing and midwifery, and other key stakeholders to promote the delivery of quality and effective cultural safety training to all academics and students.
16. Work with Aboriginal and Torres Strait Islander and non- Aboriginal and Torres Strait Islander nursing and midwifery leaders to establish, promote and support programs for emerging Aboriginal and Torres Strait Islander leaders/champions in nursing and midwifery.
17. Work with education providers, health and hospital services to ensure availability of appropriate clinical placements for Aboriginal and Torres Strait Islander students and graduates (see the CATSINaM Position Statement ‘Clinical Placements’).
18. Direct strategies towards increasing participation of Aboriginal and Torres Strait Islander nurses and midwives in the full range of health related employment options.

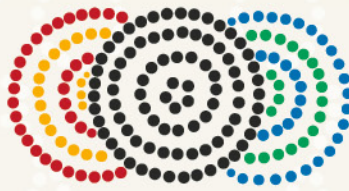
We recommend that:

19. State education departments and their regional entities, together with primary and secondary schools:
 - adopt an affirmative action approach to the promotion of nursing and midwifery as a career for male and female Aboriginal and Torres Strait Islander students through their careers strategies and/or career pathways programs
 - work with health service providers to provide work experience placements for Aboriginal and Torres Strait Islander students
 - work with nursing and midwifery education providers to establish innovative pathways for Aboriginal and Torres Strait Islander students to enter nursing and/or midwifery tertiary courses.
20. Universities and other education providers of nursing and midwifery education and training programs:
 - adopt an affirmative action approach to the recruitment and retention of Aboriginal and Torres Strait Islander students and staff
 - actively engage with Aboriginal and Torres Strait Islander communities and their representatives in curriculum planning and review committees

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- explore the use of innovative and/or new technologies to improve access for Aboriginal and Torres Strait Islander nursing and midwifery students living away from major centres
- ensure the curricula of all nursing and midwifery courses meets the standards set for regulatory purposes by the Australian Nursing and Midwifery Accreditation Council regarding inclusion of the “Aboriginal and Torres Strait Islander peoples’ history, health, wellness and culture”, including cultural safety
- work with Aboriginal and Torres Strait Islander peoples to establish and monitor appropriate support systems for Aboriginal and Torres Strait Islander nursing and midwifery students
- advocate for the establishment of a national ‘Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN), then actively support and engage with its activities within tertiary indigenous education units.

21. Australian, state and territory health departments:

- provide policy and funding support to enable the provision of work experience by health industry providers for Aboriginal and Torres Strait Islander school and mature age students
- provide additional scholarships to support the recruitment and retention of Aboriginal and Torres Strait Islander nursing and midwifery students
- fund continuing professional development programs on cultural safety for all health professionals
- require their funded organisations to provide evidence of culturally safe environments for Aboriginal and Torres Strait Islander nursing and midwifery students and employees.

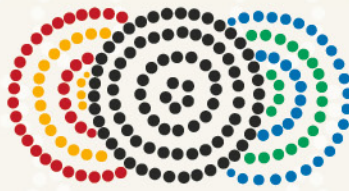
22. Nursing and midwifery professional colleges and associations:

- develop and/or update position statements on the importance of increasing the recruitment and retention of Aboriginal and Torres Strait Islander nursing and midwifery students and employees

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- develop and implement joint advocacy initiatives with CATSINaM on the recruitment and retention of Aboriginal and Torres Strait Islander nursing and midwifery students and staff
- actively identify and address the needs of their Aboriginal and Torres Strait Islander members
- engage with relevant Aboriginal and Torres Strait Islander health organisations in addressing their members' needs
- advocate for the establishment of a 'Leaders in Indigenous Nursing and Midwifery Education Network' (LINMEN)

23. Health industry providers (government and non-government):

- establish and monitor culturally safe support systems and working environments for Aboriginal and Torres Strait Islander nursing and midwifery students and employees
- fund continuing professional development programs on cultural safety for all staff
- set employment targets for Aboriginal and Torres Strait Islander staff, including nurses and midwives, which reflect the percentage of Aboriginal and Torres Strait Islander people utilising health services.
- engage with schools and local Aboriginal and Torres Strait Islander communities to provide 'work experience' in the health system for Aboriginal and Torres Strait Islander school or mature age students.

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Background

Various reports have identified that the capacity to recruit and retain skilled health professionals is critical to the sustainability of health services, including Aboriginal and Torres Strait Islander primary health care services.^{16, 17, 18} Recently, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011)¹⁹ articulates that an increased Aboriginal and Torres Strait Islander health workforce will lead to better access and improved health outcomes, and play a vital role in closing the life expectancy gap within a generation for Aboriginal and Torres Strait Islander peoples. However, despite the release of 'A Blueprint for Action' in 2008 to develop pathways into the health workforce for Aboriginal and Torres Strait Islander people, only 1.8% of the national health workforce is made up of Aboriginal and Torres Strait Islander Australians.²⁰

While nursing remains the largest health professional group, making up almost 57% of the total number of people employed in direct health-care occupations, in 2011 Aboriginal and Torres Strait Islander nurses and midwives made up only 0.8% of the total nursing and midwifery workforce in Australia.²¹ Although these numbers are small, research indicates that Aboriginal and Torres Strait Islander nurses and midwives are a valuable asset to the nursing and midwifery professions, providing leadership in the provision of high quality and culturally safe health care to Aboriginal and Torres Strait Islander people, as well as other Australians.

¹⁶ Indigenous Nurses Working Group, 2002, *gettin em n keepin em: report of the Indigenous Nursing Education Working Group*, Department of Health and Ageing, Canberra.

¹⁷ Australian Health Ministers' Advisory Council, 2012, *Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report*, AHMAC Canberra, viewed 30 January 2014, <[http://www.health.gov.au/internet/main/Publishing.nsf/Content/F766FC3D8A697685CA257BF0001C96E8/\\$File/hpf-2012.pdf](http://www.health.gov.au/internet/main/Publishing.nsf/Content/F766FC3D8A697685CA257BF0001C96E8/$File/hpf-2012.pdf)>.

¹⁸ National Aboriginal and Torres Strait Islander Health Council, 2008, *A blueprint for action: pathways into the health workforce for Aboriginal and Torres Strait Islander people*, Department of Health and Ageing, Canberra, viewed 30 January 2014, <<http://www.limenetwork.net.au/files/lime/AIDA%20blueprint%20for%20action%20pathways.pdf>>.

¹⁹ Australian Health Ministers' Advisory Council, 2011, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015)*, AHMAC Canberra, viewed 30 January 2014, <<http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-pubs-natsihwsf-toc~work-pubs-natsihwsf-rev>>.

²⁰ National Aboriginal and Torres Strait Islander Health Council, *op cit*.

²¹ Mason, J 2013, *Review of Australian Government Health Workforce Programs*, Department of Health and Ageing, Canberra, viewed 30 January 2014, <<https://www.health.gov.au/internet/main/publishing.nsf/Content/review-australian-government-health-workforce-programs>>.

CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

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Unity and Strength through Caring



CATSINaM and other key nursing and midwifery organisations²² recognise that Aboriginal and Torres Strait Islander nurses and midwives are also valued as role models, teachers and mentors to their Aboriginal and Torres Strait Islander nursing and midwifery colleagues and students.

Increasing the numbers of practising Aboriginal and Torres Strait Islander nurses and midwives is an imperative. The work done to date in establishing pathways to encourage school students to enter enrolled nursing programs through local colleges and registered nursing and/or midwifery programs in the University sector needs to be extended. The Orima Report identified a need to actively promote health careers on an ongoing basis to primary and secondary students, as there is limited awareness of the benefits, diverse range of work and pathways for entry into health professions.²³ Local positive personal or family experiences with health professionals and services were identified as key factors in influencing students to consider a career in the health sector.

Retaining these students and graduates is also vital, with research indicating the importance of providing a range of support services. Key determinants include feeling culturally safe, having access to a range of personal and financial supports that assist individuals during their studies and early in their careers, and access to additional local support provided to families and communities.^{24, 25, 26}

²² Australian Nursing Federation and Royal College of Nursing, 2006, *Joint position statement: Indigenous Australian people and nursing education*, viewed 4 February 2014, <www.anf.org.au>.

²³ Orima Research, 2010, *A report on developmental research to inform communications activities designed to attract more Aboriginal and Torres Strait Islander secondary school students to work in health*, Department of Health and Ageing, Canberra.

²⁴ Mason, J 2013, *op cit*.

²⁵ West, R 2013, 'Developing a policy and research agenda', paper presented to the 2013 CATSINaM National Conference, Canberra, viewed 9 January 2014, <<http://catsin.org.au/conference/papers/>>.

²⁶ Giddy, K, Lopez, J & Redman, A 2009, *Guide to success for organisations in achieving employment outcomes for Aboriginal and Torres Strait Islander people*, National Centre for Vocational Education Research, Adelaide.

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