

# CATSINaM

CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

## CoNNMO

3<sup>rd</sup> May 2018



I would like to acknowledge the  
Traditional Owners of the country we  
are meeting on today Wurundjeri People  
of the Kulin nation, and extend that  
respect to Elders, past and present and  
future emerging generations

*Unity and Strength through Caring*

# Background

- National Boards, AHPRA and Accreditation Authorities have committed to an Aboriginal and Torres Strait Islander Health strategy with the **vision of:**
  - *Patient safety for Aboriginal and Torres Strait Islander peoples is the norm.*
- To lead this important work, an Aboriginal and Torres Strait Islander health strategy group (strategy group) has been developed.
- The strategy group is co-Chaired by Associate Professor Gregory Phillips and Dr Joanna Flynn AM, Chair of the Medical Board of Australia,

Unity and Strength through Caring

# Members of our Strategy Grp include:



- Aboriginal and Torres Strait Islander health sector leaders and organisations,
- Representatives from Accreditation Authorities,
- National Boards and
- AHPRA *Unity and Strength through Caring*



**CATSINaM**

CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES



# Purpose

- The Aboriginal and Torres Strait Islander Health Strategy Group (the Strategy Group) will partner with the National **Scheme entities**, i.e. AHPRA, National Boards and accreditation authorities, on **how to best**:
  - improve Aboriginal and Torres Strait Islander patient safety
  - improve health outcomes for all Australians
  - develop Aboriginal and Torres Strait Islander people's participation in the health workforce, and
  - contribute to closing the gap in health outcomes between Aboriginal and Torres Strait Islanders and other Australians.

*Unity and Strength through Caring*

# What does CATSINaM strive for?

- Non-Indigenous nurses and midwives receive a good grounding in what cultural safety and respect is, and understand that this as a life-long journey
- Greater numbers of our Members in the health system in all sectors
- Our Members are resilient and connected
- There is increased understanding and shared commitment to cultural safety in the nursing and midwifery professions
- Culturally respectful health systems where Aboriginal and Torres Strait Islander peoples experience cultural safety and have better health outcomes

*Unity and Strength through Caring*

# Why focus on Cultural Safety?

- 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**.
- A lack of cultural safety and institutional racism are barriers to **recruitment and retention** of Aboriginal and Torres Strait Islander students and graduate nurses and midwives – in fact, any STEM discipline
- **Under-representation of Aboriginal and Torres Strait Islander** peoples in the health workforce is a contributing factor to the lower rates of Aboriginal and Torres Strait Islander peoples **accessing** health services comparative to need.

*Unity and Strength through Caring*

# Foundational Pillars



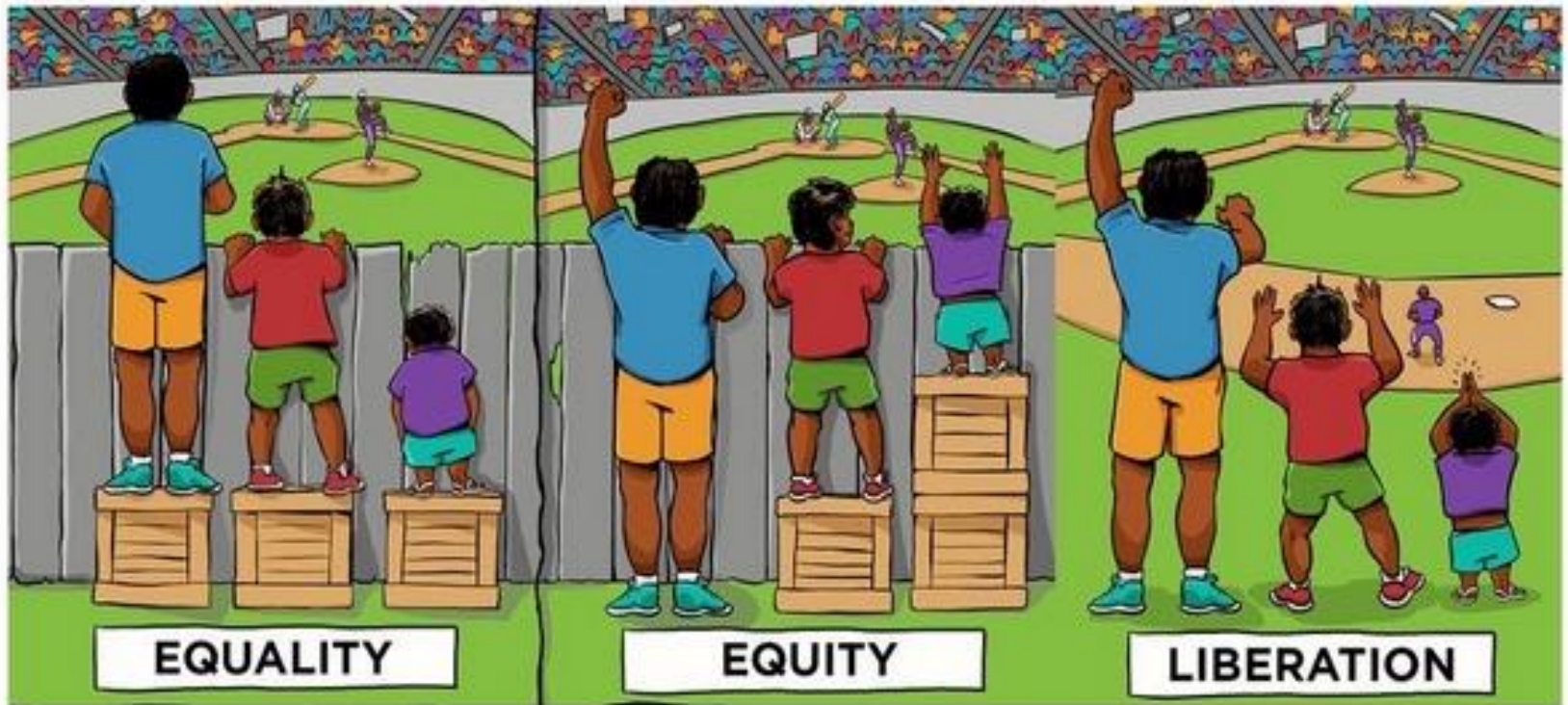
*Unity and Strength through Caring*



**CATSINaM**  
CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES



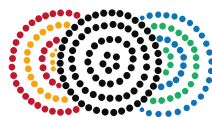
# Moving beyond “treating everyone the same...”



Equality is treating everyone the same, it aims to promote fairness but can only work if everyone starts from the same place and needs the same help.”

Equity is giving everyone what they need to be successful

We want to move well beyond equality to equity and, ultimately, to liberation

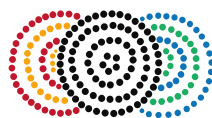


**CATSINaM**  
CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

# Pillars of Reconciliation



Unity and Strength through Caring





# Medical experimentation = Butchered in the name of science: 19th century politician Korah Wills admitted to killing and dismembering the body of an Aboriginal

## HISTORICAL Blacks slain for science's white superiority theory



The systematic mistreatment of Aborigines continued well into this century, with men and chained together like animals.

JONG Point is one brightest spots on harbour, with the House and the ing down from the it. the Aborigine who view Philip during war of the fighting, the point has be- friendship between Australia.

to speak, it also merit chapter in the origins by the British than first prom- even Bennelong and it long before Aborigines' wholesale from their sacred to prove the racial superiority.

Philip's relationship was much more of peaceful experimenti outship.

about 25 years old started by the Govern- his home near shared and shared wear suit through clothes and taken to dinner with the Governor as a companion playing. They taught him to speak English, to drink alcohol, to forget his own culture and to dress like a top. He quickly became the favourite novelty for Philip and the colony's soldiers and officials but at night he was shackled like a dog to the cottage the Governor built for him.

Philip's hope was to introduce the Aborigines to the ways of the English and help them assimilate into European society.

Like many other Englishmen, Philip believed in Darwin's evolutionary

Aborigines were virtually abandoned by Philip when he formally resigned from his governorship. Like a discarded animal experiment, Bennelong and Yemmerawarra spent their first winter in London miserable and abandoned, suffering severe culture shock and homesickness.

In May that year, Yemmerawarra died after being weakened by tuberculosis. Bennelong suffered, al-

and sent overseas to support a scientific trade.

It also appears Aborigines were murdered to obtain specimens for science and were killed for display. A death-bed memoir written by Korah H. Wills, a gold-rush emigrant who became the mayor of Bowen in Queensland, contains confessions about the killing of an Aborigine who was later used for dissection.

Australian hu- he call for Queensland's Longman in a Northern T manager Phil man in 1917, of seven or marked with trouble to get



Pickled Aboriginal brains were also in demand, to try to demonstrate that they were inferior to those of whites.



CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

“  
In the 1880s, Monaghan writes, Ramsay complained that laws recently passed in Queensland to stop the slaughter of Aborigines were affecting his supply.  
”

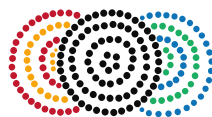
“

# Impacts of history

The events of the past are very important to Aboriginal and Torres Strait Islander people. These events were not long ago. There are many people alive today who:

- Were forcibly removed from their parents under government policy.
- Had their children taken away.
- Were not allowed in towns after 6:00 at night.
- Were not allowed to be in certain areas without permission.
- Were barred from schools and hospitals.
- Returned from wars where they fought for all Australians only to find they did not have the same rights as white people.
- Have not enjoyed the same rights as others, simply because they were Indigenous.
- There are even a few very old people today who witnessed killings and poisonings as young children - this affected those people deeply.

*Unity and Strength through Caring*

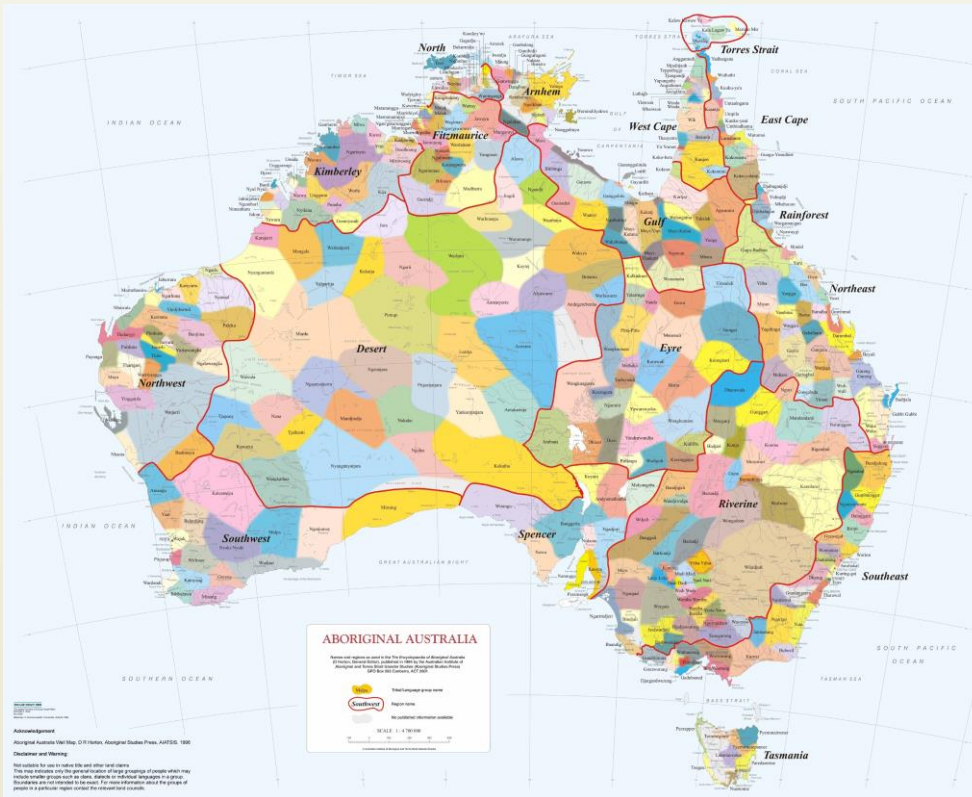


**CATSINaM**

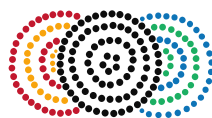
CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES



# CST : No cookie cutter approach







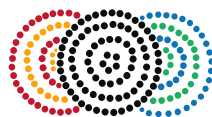
Unity and Strength through Caring



**CATSINaM**  
CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

# What is the focus of Cultural Safety Training?

- Recognising, understanding and responding to racism
  - at an individual level
  - at the social-cultural and institutional or systemic level
- A sign of CST is getting uncomfortable – challenging our truths and life-long journey 
- Understanding how **dominant culture** values and beliefs shape health care practice and attitudes – individually and systemically
- Encouraging critical self-reflection for non-Aboriginal people
- Exploring ‘whiteness’ and **white privilege** and how it shapes the lives of Aboriginal white people and Aboriginal and Torres Strait Islander Australians 
- Learning that cultural safety is the experience of the recipient of care, it is not **defined by the caregiver.** 
- Understanding the **impact of colonisation** and dispossession, and the historical and ongoing effects in Aboriginal and Torres Strait Islander people's everyday lives 



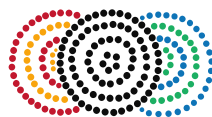
**CATSINaM**  
CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

*Unity and Strength through Caring*

# What is the focus of Cultural Awareness Training?

- Raising the awareness and knowledge of participants about the experiences of cultures different from their own - in particular, different from dominant culture
- If racism is named the focus is on individual acts of racial prejudice and racial discrimination rather than racism as it is embedded in systems
- Historical overviews may be provided, but the focus is on the individual impact of colonisation, rather than the inherent embedding of colonising practices in contemporary health and human services institutions
- Maintains an 'other' rather than a clear self-reflective focus for participants – people attend to learn about Aboriginal people and culture, not about themselves
- Non-Aboriginal participants are not usually asked to engage in critical self-reflection about:
  - themselves
  - their culture
  - how racism is embedded at an institutional level

Unity and Strength through Caring



**CATSINaM**

CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

Take away CS is 'knowing thy self, the gaze is inward... not outward



to challenge clichés, myths & understanding where they comes from



**CATSINaM**

CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

*Unity and Strength through Caring*



# Analogy: of why Aboriginal & Torres Strait Islander decide..

‘men wouldn’t be asked if sexism was eradicated, nor should women be asked to fix a sexism. Similarly white people wouldn’t be asked if racism has been eradicated and Indigenous people shouldn’t be asked to fix it’ –

Dr Greg Phillips

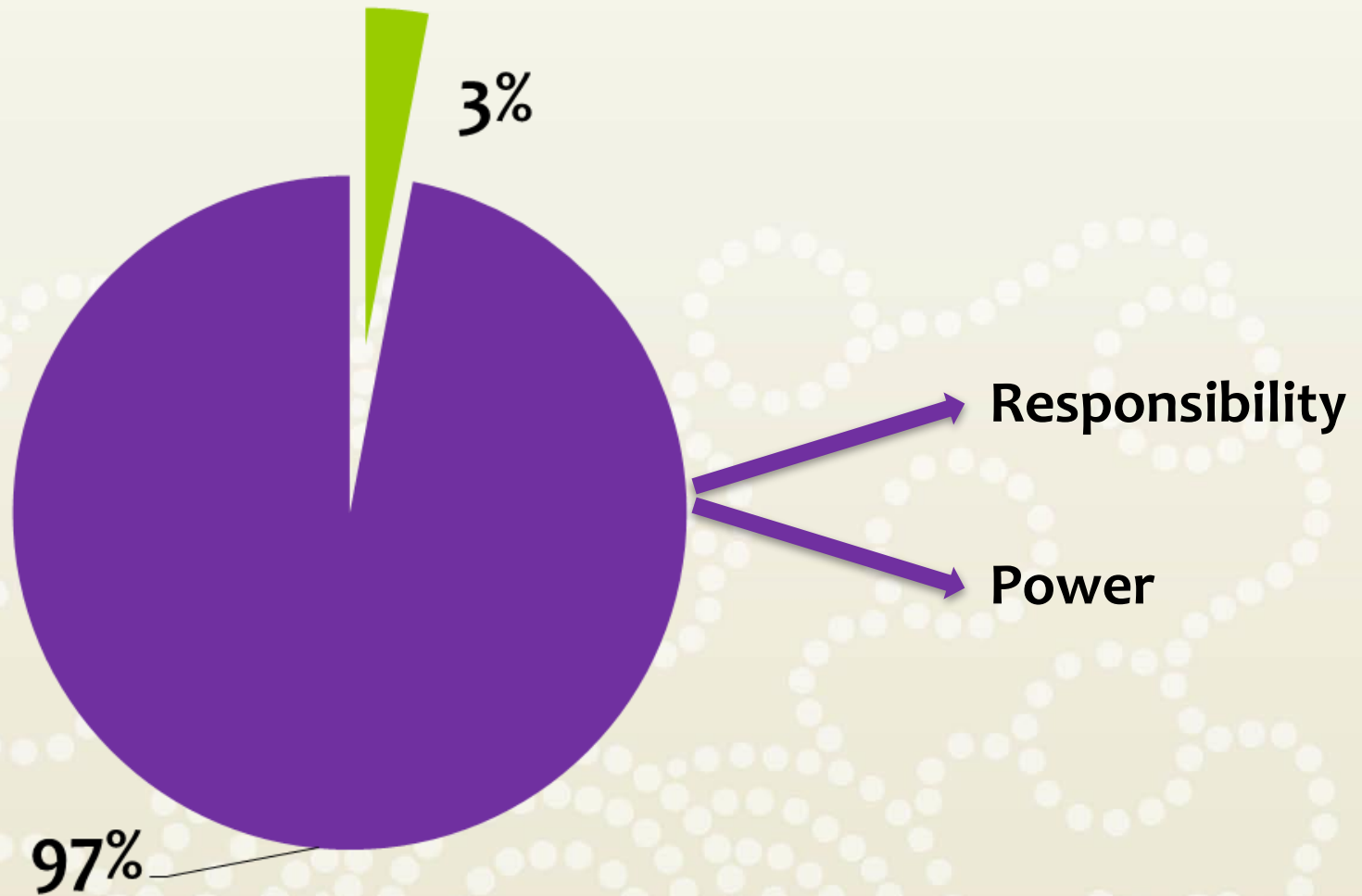
*Unity and Strength through Caring*



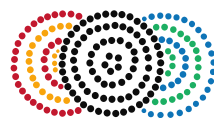
**CATSINaM**

CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

# Whose problem? Whose responsibility?



Unity and Strength through Caring



**CATSINaM**  
CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

# Where to embed cultural safety and respect?



# Cultural safety in health practitioner legislation

- amend the Health Practitioner Regulation National Law Act 2009 to include cultural safety
- This is currently in place in NZ and Canada

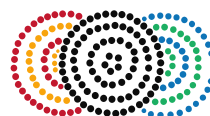
*Unity and Strength through Caring*



# Legislation

Title	Jurisdiction	Focus	Notes
Aboriginals Fire Arm Regulation Act 1840	New South Wales	Control	[1]
Aboriginal Orphans Act 1844	South Australia	Control	[2]
Supply of Liquors to Aborigines Prevention Act 1867	New South Wales	Control	[3]
Aboriginal Protection Act 1869	Victoria (colonial)	Control	
Aborigines Protection Act 1886 (WA)	Western Australia	Control	[4][5][6]
Half-Caste Act 1886 (Vic)	Victoria	Control	[7]
Half-Caste Act 1886 (WA)	Western Australia	Control	
Act to provide certain matters connected with the Aborigines 1889 (statute 24/1889)	Western Australia	Control	
Aboriginal Protection and restriction of the sale of opium act 1897	Queensland	Control	
Aborigines Protection Act 1909	New South Wales	Control	
Aborigines Act 1910	Victoria		
Aborigines Act 1911	South Australia	Control	[8]
Aborigines (Training of Children) Act 1923	South Australia	Control	[9]
Aborigines Act 1934	South Australia	Control	[10]
Aborigines Protection (Amendment) Act 1940	New South Wales	Control	

Unity and S



**CATSINaM**  
CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES



**#UN told Australia must abandon racially discriminatory remote work for the dole program**



## Segregation and protection policies

ABORIGINALS.  
No. 16 of 1911.  
AN ORDINANCE  
Relating to Aborigines.  
[Notified in Gazette, 8th January, 1912.]

(2.) It shall not be lawful for any aboriginal or half-caste to be or remain within any prohibited area, unless with the express permission of a *Protector or police officer*.

## Drover Can Now Marry Aboriginal Girl

DARWIN, Thursday.—White drover Michael Daly and his aboriginal sweetheart, Gladys Namagu, have won their long fight for the right to marry.

Principle 3: Cultural practice and respectful relationships

Value  
Midwives engage with women as individuals in a culturally safe and respectful way, foster open, honest and compassionate professional relationships and adhere to their obligations about privacy and confidentiality

3.1 Aboriginal and/or Torres Strait Islander peoples' health  
Australia has always been a culturally and linguistically diverse nation. Aboriginal and/or Torres Strait Islander peoples have inhabited and cared for the land as the first people of Australia for millennia, and their histories and cultures have uniquely shaped our nation. Understanding and acknowledging historic factors such as colonisation and its impact on Aboriginal and/or Torres Strait Islander peoples' health helps inform care. In particular, Aboriginal and/or Torres Strait Islander peoples bear the burden of gross social, cultural and health inequality. In supporting the health of Aboriginal and/or Torres Strait Islander peoples, midwives must:  
a. provide care that is holistic, free of bias and racism, challenges belief based upon assumption and is culturally safe and respectful for Aboriginal and/or Torres Strait Islander peoples  
b. advocate for and act to facilitate access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples, and  
c. recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and/or Torres Strait Islander peoples, for both prevention strategies and care delivery.  
See the National Aboriginal and Torres Strait Islander Health Plan 2013-2023  
See also Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

3.2 Culturally safe and respectful practice  
Culturally safe and respectful practice requires having knowledge of how a midwife's own culture, values, attitudes, assumptions and beliefs influence their interactions with women and families, the community and colleagues. To ensure culturally safe and respectful practice, midwives must:  
a. understand that only the woman and/or her family can determine whether or not care is culturally safe and respectful  
b. respect diverse cultures, beliefs, gender identities, sexualities and experiences of women and others, including among team members  
c. acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels  
d. adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs  
e. support an inclusive environment for the safety and security of the individual woman and her family and/or significant others, and  
f. create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including women and colleagues

3.3 Effective communication  
Positive professional relationships are built on effective communication that is respectful, kind, compassionate and honest. To communicate effectively, midwives must:  
a. be aware of health literacy issues, and take health literacy into account when communicating with women  
b. make arrangements, wherever possible, to meet the specific language, cultural, and communication needs of women and their families, through the utilisation of translating and interpreting services where necessary, and be aware of how these needs affect understanding  
c. endeavour to confirm the woman understands any information communicated to her  
d. clearly and accurately communicate relevant and timely information about the woman to colleagues, within the bounds of relevant privacy requirements, and  
e. be non-judgemental and not refer to women in a non-professional manner verbally or in correspondence/ records, including refraining from behaviour that may be interpreted as bullying or harassment and/or culturally unsafe.

8 Code of conduct for midwives Effective from 1 March 2018

# Strategies: NMBA

- Changes to codes and professional standards
- Joint policy on racism



Joint statement NMBA and CATSINaM

Racial discrimination is well documented as a contributing factor to poor health outcomes for Aboriginal and Torres Strait Islander Australians<sup>1</sup>. The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and the Nursing and Midwifery Board of Australia (NMBA) are committed to addressing racism and demonstrating leadership to nurses and midwives to ensure they are aware and value the needs of Aboriginal and/or Torres Strait Islander Peoples and promote and provide culturally safe care.

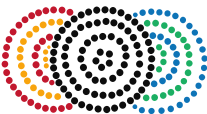
In order to effect change CATSINaM and the NMBA know that regulations and codes establishing health professional standards must clearly communicate the requirement for cultural safety. The NMBA *Code of conduct for nurses* and *Code of conduct for midwives* (the codes), which are supported by CATSINaM:

- Acknowledge that Australia has always been a culturally and linguistically diverse nation and that Aboriginal and/or Torres Strait Islander peoples have inhabited and cared for the land as the First Peoples of Australia for millennia, and their histories and cultures have uniquely shaped our nation.
- Require understanding and acknowledgement of the historic factors such as colonisation and its impact on Aboriginal and/or Torres Strait Islander peoples' health helps inform care, in particular that Aboriginal and/or Torres Strait Islander peoples bear the burden of gross social, cultural and health inequality.
- Provide clear guidance and set expectations for nurses and midwives that in supporting the health of Aboriginal and/or Torres Strait Islander peoples.

The codes also specifically require that nurses and midwives must:

- Provide care that is holistic, free of bias and racism, challenges belief based upon assumption and is culturally safe and respectful for Aboriginal and/or Torres Strait Islander peoples
- Advocate for and act to facilitate access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples, and
- Recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and/or Torres Strait Islander peoples, for both prevention strategies and care delivery.

Unity and Strength through Caring



CATSINaM  
CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES



# Code of conduct for midwives

## Principle 3: Cultural practice and respectful relationships

### Value

Midwives engage with women as individuals in a culturally safe and respectful way, foster open, honest and compassionate professional relationships and adhere to their obligations about privacy and confidentiality.

### 3.1 Aboriginal and/or Torres Strait Islander peoples' health

Australia has always been a culturally and linguistically diverse nation. Aboriginal and/or Torres Strait Islander peoples have inhabited and cared for the land as the first peoples of Australia for millennia, and their histories and cultures have uniquely shaped our nation. Understanding and acknowledging historic factors such as colonisation and its impact on Aboriginal and/or Torres Strait Islander peoples' health helps inform care. In particular, Aboriginal and/or Torres Strait Islander peoples bear the burden of gross social, cultural and health inequality. In supporting the health of Aboriginal and/or Torres Strait Islander peoples, midwives must:

- provide care that is holistic, free of bias and racism, challenges belief based upon assumption and is culturally safe and respectful for Aboriginal and/or Torres Strait Islander peoples
- advocate for and act to facilitate access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples, and
- recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and/or Torres Strait Islander peoples, for both prevention strategies and care delivery.

See the [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#).

See also [Congress of Aboriginal and Torres Strait Islander Nurses and Midwives](#).

### 3.2 Culturally safe and respectful practice

Culturally safe and respectful practice requires having knowledge of how a midwife's own culture, values, attitudes, assumptions and beliefs influence their interactions with women and families, the community and colleagues. To ensure culturally safe and respectful practice, midwives must:

- understand that only the woman and/or her family can determine whether or not care is culturally safe and respectful
- respect diverse cultures, beliefs, gender identities, sexualities and experiences of women and others, including among team members
- acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels
- adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs)
- support an inclusive environment for the safety and security of the individual woman and her family and/or significant others, and
- create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including women and colleagues.

### 3.3 Effective communication

Positive professional relationships are built on effective communication that is respectful, kind, compassionate and honest. To communicate effectively, midwives must:

- be aware of health literacy issues, and take health literacy into account when communicating with women
- make arrangements, whenever possible, to meet the specific language, cultural, and communication needs of women and their families, through the utilisation of translating and interpreting services where necessary, and be aware of how these needs affect understanding
- endeavour to confirm the woman understands any information communicated to her
- clearly and accurately communicate relevant and timely information about the woman to colleagues, within the bounds of relevant privacy requirements, and
- be non-judgemental and not refer to women in a non-professional manner verbally or in correspondence/ records, including refraining from behaviour that may be interpreted as bullying or harassment and/or culturally unsafe.

# Developing the new codes

The codes were:

- informed by **research**
  - literature review
  - mapping of codes
  - notification analysis
- informed by **nurses and midwives**
  - workshops and focus groups
  - working group and specialist input
  - preliminary and public consultation



# Codes working groups and specialist input

- ANMAC
- ANMF
- Australian College of Nursing (ACN)
- CATSINaM
- Council of Deans of Nursing and Midwifery
- HWPC/CNMOs
- Nursing and Midwifery Council of NSW
- NMBA State and Territory Boards
- AHPRA Community Reference Group
- Australian College of Nurse Practitioners (ACNP)
- Australian College of Midwives (ACM)
- Maternity Choices Australia
- Midwifery and Maternity Provider Organisation Australia (MMPOA)
- Midwives Australia

NATIONAL AFFAIRS

## 'White privilege' storm over nursing code



Andrew Bolt: Nurses forced to announce 'white privilege' is new racism

22/03/2018

CHRIS SMITH ANDREW BOLT GRAEME HAYCROFT NURSES PROFESSIONAL ASSOCIATION OF QUEENSLAND



australia

CANBERRA TO MELBOURNE

One Way

from 145 AUD\* [FIND FLIGHTS](#)

PERTH TO ADELAIDE

One Way

from 189 AUD\* [FIND FLIGHTS](#)

View Terms & Conditions



Nurses have been told to acknowledge 'white privilege'.

NSW

## Nurses told to acknowledge 'white privilege' in new code of conduct

KYLAR LOUSSIKIAN, The Daily Telegraph

January 31, 2018 12:33pm

Subscriber only



SUCCESS: Many people of Asian descent are constantly disproving notions of 'white privilege' being peddled by nurses' and midwives' representative bodies.

OPINION

## White nurses, midwives forced to acknowledge 'privilege' when treating black patients

Julian Tomlinson, The Cairns Post

March 2, 2018 2:33pm

Subscriber only

MANY North Queenslanders are in uproar after it was revealed nurses and midwives should acknowledge their "white

## Stand up for our Nurses & Midwives - Stop the attack on their freedoms from March 1st!

The Nursing and Midwifery board is imposing, from 1 March this year, demands that nurses and midwives comply with 'cultural safety' principles including acknowledging their 'white privilege' and 'colonialism'. This is political correctness gone mad and does not respect the many years of dedication, hard work and service that nurses and midwives have given to women, children, men and families for generations.

Add your name to demand this mandatory 'Code of Conduct' be changed immediately!



Australian Conservatives...a better way

## Nurses and midwives slam moves to acknowledge 'white privilege'

Alys Gagnon | January 31, 2018

Aussie nurse being honoured with scholarship

OPINION

## Opinion: Political correctness will stymie nurses

Graeme Haycroft, The Courier-Mail

February 11, 2018 1:00am

Subscriber only

A NEW code of conduct for nurses says "cultural safety" is just as important as "clinical safety" and nurses could be reprimanded or stood down if they get a bad report from a patient.

This reeks of political correctness.



## Joint statement

---

23 March 2018

### Cultural safety: Nurses and midwives leading the way for safer healthcare

In response to Graeme Haycroft's recent comments, we welcome the opportunity to provide further information on how important cultural safety is for improving health outcomes and experiences for Aboriginal and Torres Strait Islander Peoples.

# Indigenous groups hit back over nurses, midwives' 'white privilege' code of conduct

**A NEW code of conduct for Australian nurses and midwives was slammed for including a reference to “white privilege”. But this is why it’s necessary.**

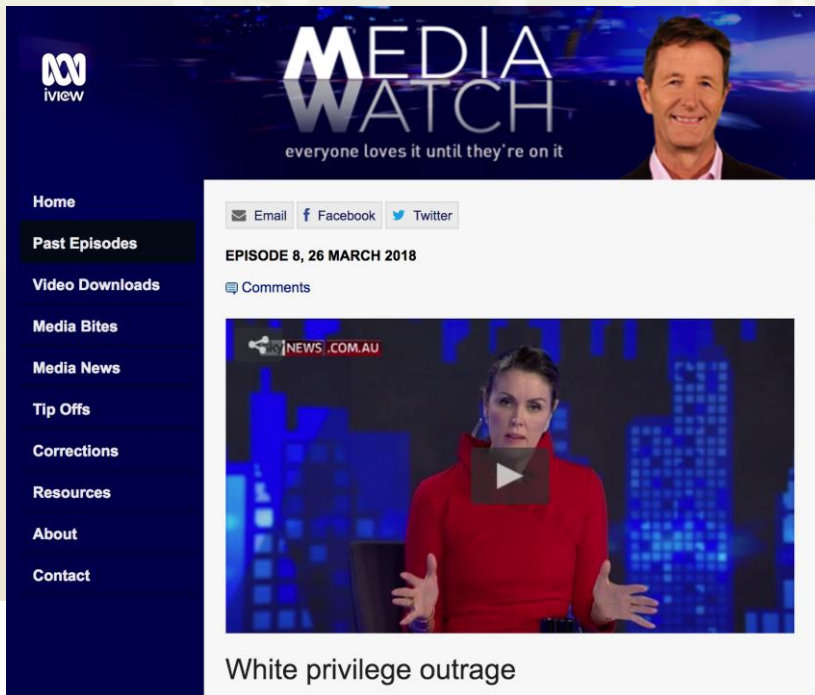


Rohan Smith [@ro\\_smith](#)



# Our key messages

- ☀ You DO NOT have to declare your 'white privilege' (acknowledge as a part of CST –process),
- ☀ The process to develop the Codes unopposed
- ☀ Aligns with education, and health service accreditation standards, AHMAC commitments and various strategies



[://www.abc.net.au/mediawatch/transcripts/s4821769.htm](http://www.abc.net.au/mediawatch/transcripts/s4821769.htm)

*Unity and Strength through Caring*



# Maori Experience

Cultural safety controversy.

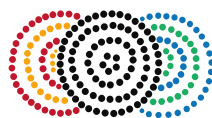
- **Accusations were made by the media that schools of nursing were supporting social engineering and turning out lesser prepared nurses due to the time spent on cultural safety education (Papps & Ramsden, 1996; Ramsden & Spoonley, 1994). These claims were viewed by educators as manipulation of the facts that used cultural safety as a scapegoat for the lack of jobs available to new grads and down played the present day restructuring of the healthcare system in New Zealand.**

*Unity and Strength through Caring*

# What do we mean by ‘dominant culture’?

- The set of values, beliefs, standards and systems that govern and organise our lives.
- This were brought to this country by the British when they claimed and colonised Australia.
- This included laws, structures, decision-making processes, ideas about the individual and families, science, health and education systems - they were established as ‘normal’.
- They are the basis of how we do things now and used as the required norm for **everyone** who lives here.

*Unity and Strength through Caring*



# Institutional racism occurs when...

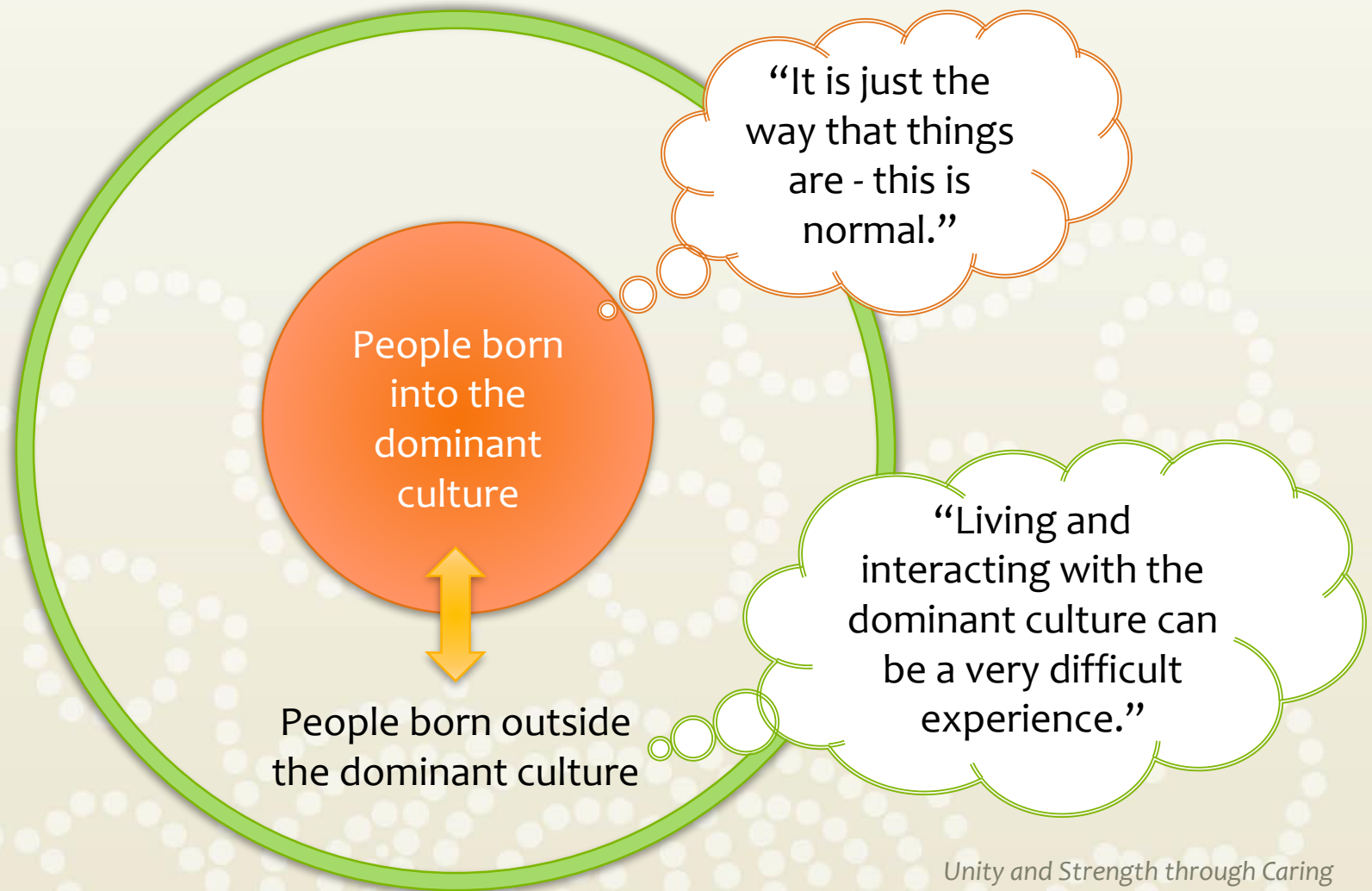
the dominant culture is upheld as the best and right way of living, and



it overrides the values, beliefs, standards and systems of Aboriginal and/or Torres Strait Islander cultures.

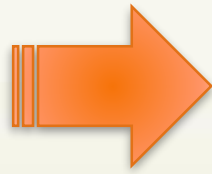
*Unity and Strength through Caring*

# Thinking about the dominant culture





# What do we mean by privilege?



Benefits associated with being a certain identity in our society that are not available if you are not part of that identity

## White privilege:

- is a system of advantage based on race
- something we can't take up or give up. We are part of a system that gives it to us
- hard for those who have it to see but easy for others to see
- can be difficult to talk about because we may not feel privileged
- Over time we have recognised there different forms of privilege – men have male privilege in contrast to women. Able-bodied people have able-bodied privilege compared to people living with different types of disabilities. Heterosexual people have heterosexual privilege compared to people who are lesbian, gay, bisexual, transgender, intersex or queer.

*Unity and Strength through Caring*



# What is white privilege

- ☉ The unearned benefits that come with simply being born white in a society where being white is the expected and accepted social and cultural norm, like in Australia
- ☉ As a result of white privilege, you are more likely to be:

included

believed

trusted

accepted

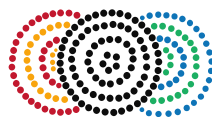
treated as an individual, rather  
than a representative of all white  
Australians

*Unity and Strength through Caring*

# Identifying white privilege: Peggy McIntosh Knapsack (1989)

- ☉ If you are a white Australian, use Peggy's approach to identify **what happens or does not happen** in your life, simply because you have white privilege. Like Peggy, leave anything to do with gender, class or other privileges out of it, and just think about being part of whiteness.
- ☉ If you are an Aboriginal and/or Torres Strait Islander Australian, or a non-Indigenous non-white Australian, you can do this exercise too, but you are thinking about **what happens or does not happen for white Australians**.

*Unity and Strength through Caring*



# So what needs to change?

Practice that promotes cultural safety Health professionals and administrators:	Practice that creates a lack of cultural safety Health professionals and administrators:
– have an awareness of their own culture, cultural practices and assumptions	– are unaware of own culture, cultural practices and assumptions
– have an awareness of how their own cultural practices and assumptions may be different from those of other cultural groups	– focus on understanding other cultures. Assume that people can be understood by studying their culture.
– use personal reflection to become aware of stereotypes and act to counter stereotypes	– are unaware of own stereotypes

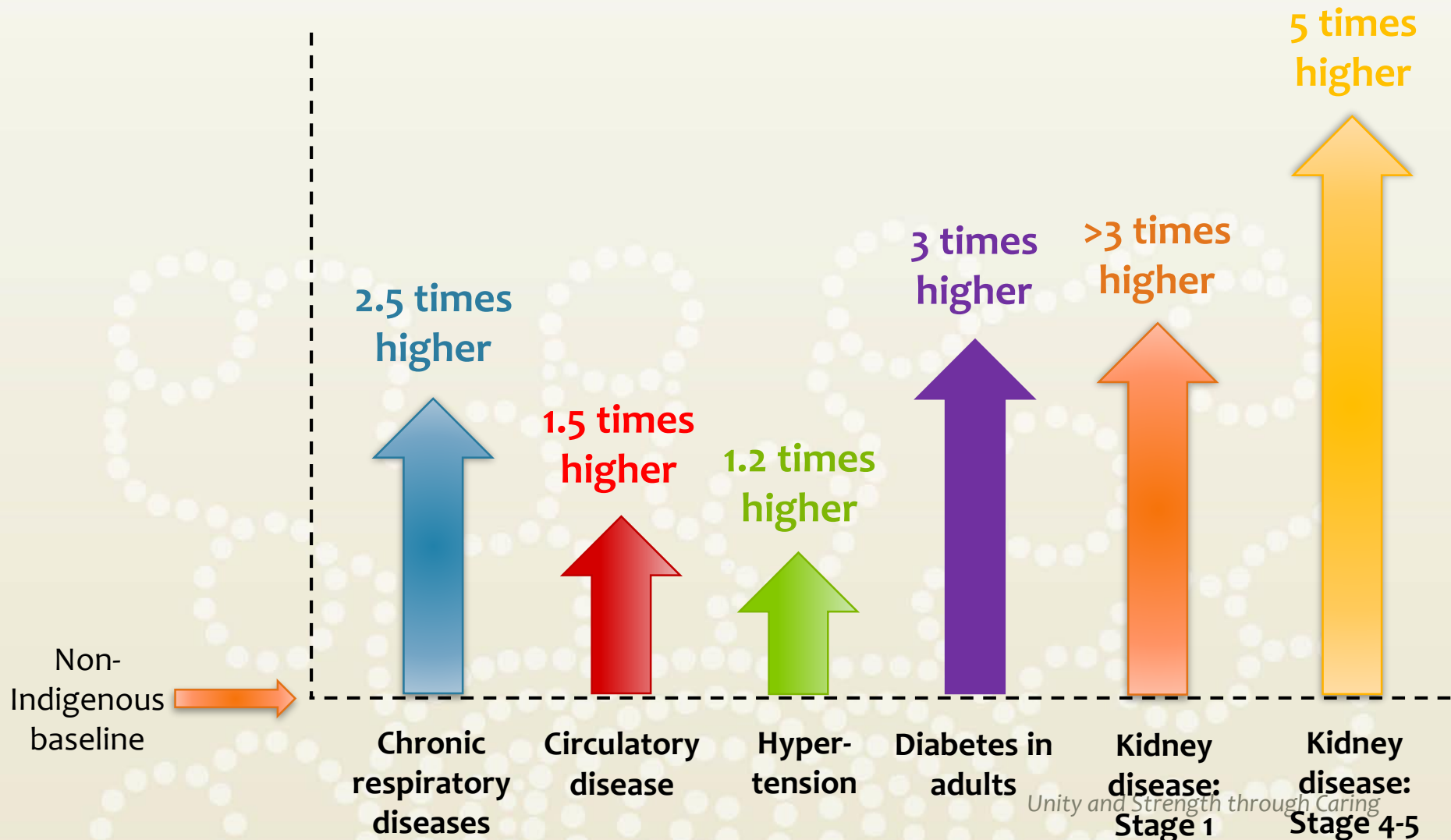
*Unity and Strength through Caring*

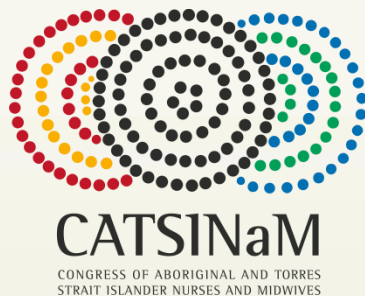


**CATSINaM**  
CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES



# Why? Health inequities





Australian  
Nursing &  
Midwifery  
Federation



Australian  
College of  
Nursing



# Thank you

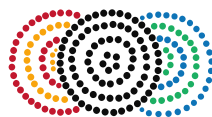
“Australians ...must constantly test their own institutions, their democracy and their defence of the human rights of minorities by the worlds best standards.”

*Justice Michael Kirby, 2004*

[www.catsinam.org.au](http://www.catsinam.org.au)

<https://www.youtube.com/watch?v=p7FU8zuHaHg>

*Unity and Strength through Caring*



**CATSINaM**

CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES