



CATSINaM



CULTURAL SAFETY TRAINING STANDARDS FOR MIDWIFERY



CATSINaM

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, governed by a nationally elected Aboriginal and Torres Strait Islander Board.

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CULTURAL SAFETY TRAINING STANDARDS FOR MIDWIFERY

The Birthing on Country Project has presented an opportunity to make a sustainable contribution to how midwifery services are designed with, and delivered to, Aboriginal and/or Torres Strait Islander Australians. One of its contributions extends beyond the Project's specific focus and on to the wider midwifery profession.

Over recent years, the capacity of midwifery professionals and the health services in which they operate to provide culturally safe care for Aboriginal and/or Torres Strait Islander Peoples has been increasingly recognised. Through the advocacy of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), cultural safety is now named in a clearer manner within midwifery accreditation standards, NMBA registration standards and Code of Ethics. Midwifery professionals and the organisations in which they work (that is, government departments, health services and higher education providers) are starting to undertake cultural safety training (CST) as a key strategy in learning about their role in cultural safety.

An important next step for the midwifery profession is to have 'cultural safety training standards' to help ensure that training is consistent with the concept of cultural safety and is distinct from other forms of cultural training available, such as cultural awareness training. Such standards would create an ongoing quality assurance process for the delivery of CST for the midwifery profession.

In October 2018, CATSINaM held a roundtable discussion with key Aboriginal and/or Torres Strait Islander Peoples within and/or associated with midwifery, who have strong experience in the delivery of CST. The outcomes of Step 1 of a project plan to develop cultural safety standards for midwives were discussed at the roundtable and recommendations made on improving and contextualising previous CST standards developed by the National Aboriginal Community Controlled Health Organisation (NACCHO). The outcome of the roundtable was a set of draft Standards that were formally endorsed by CATSINaM and the Australian College of Midwives

Cultural Safety Training Standards for Midwifery

Element 1: Structure

Standard 1.1: Program description

Essential: Cultural safety training (CST) programs are clearly described as cultural safety.

Standard 1.2: Program length

Essential: CST programs are 12 hours of face-to-face delivery in total over two days, not including breaks, pre-program or post-program activities.¹

Highly recommended: CST programs may also involve pre-reading tasks, or online pre-training activities and/or online post-training activities.

Standard 1.3: Learning objectives

Essential: CST programs have clear learning objectives that, at a minimum, cover²:

- knowledge of Australian history and the impact of invasion and colonisation on Aboriginal and/or Torres Strait Islander Peoples
- knowledge of the impact of racism on Aboriginal and/or Torres Strait Islander Peoples' health and the skills needed to address it
- knowledge and understanding of what cultural safety is and the importance of it to Aboriginal and Torres Strait Islander Peoples
- ability to identify strategies to embed cultural safety in midwifery and other health care environments on individual, organisational and systemic levels.

- ¹ To cover all elements required for CST, it is more common for programs to be two days. This is particularly important to cover content that non-Indigenous participants find more challenging, such as whiteness and institutional racism. This length gives sufficient time for participants to process topics like these and leave with a clearer understanding of how they relate to participants and how participants can take action to support cultural safety.
- ² Contemporary work in cultural safety continues to have a dual focus on both the individual and institutional/systemic levels of the health system which require addressing multiple and complementary strategies to dismantle and address racism and create culturally safe health service experiences and outcomes.

CST Standards for Midwifery

Element 2: Process & Program Delivery

Standard 2.1: Welcome to and/or Acknowledgement of Country

Essential: CST programs start with an Acknowledgement of Country and recognition and tribute to Traditional Owners Groups or Custodians. If there is an online pre-activity, this also starts with an Acknowledgement of Country.

Highly recommended: CST programs start with a Welcome to Country by a representative of Traditional Owners or Custodians who is paid a fee for this role. CST facilitators demonstrate they understand the significance of this protocol.

Standard 2.2: Participant pre-knowledge and expectations

Essential: CST programs have a process or activity that identifies for facilitators what:

- participants know about cultural safety
- participant learning expectations are for the program.

This process or activity should be conducted at the beginning of the CST program.³

Standard 2.3: Evaluation and program development

Essential: CST programs require participants to evaluate their experience at completion of the program. Outcomes are analysed and used to refine the program where appropriate.

Highly recommended: CST program facilitators promote or undertake post-program evaluation.⁴ Outcomes are analysed and used to refine the program where appropriate

Standard 2.4: Learning environment

Essential: CST programs have a process or activity that helps participants make agreements on how they will work together in safe ways to discuss sensitive and challenging areas. This includes exploring:

- their own cultural values and beliefs
- participation in racism.

Standard 2.5: Delivery strategies

Essential: CST programs include a range of interactive delivery strategies to ensure learner engagement.

Highly recommended: CST programs are supplemented or complemented by other strategies, such as follow-up activities based on recommendations from facilitators, references and resources for further personal learning, and/or online resources and activities.

3 This is often built into the start of a program, rather than before it, but can be negotiated with the organisation. It is not possible to rely on pre-program surveys or documented conversations to be completed before training, so it is valuable to work with the 'captive audience at the beginning of the program.

4 Post-program experience occurs at the discretion of, and in negotiation with, organisations who commission the training. The purpose of post-program evaluation is to consider how participants are acting on their learning over time as they further digest and apply learnings.

Standard 2.6: Critical self-reflection

Essential: CST program activities require participants to engage in critical self-reflection⁵, including:

- how dominant culture values and beliefs shape their behaviour and interactions with Aboriginal and/or Torres Strait Islander Peoples on an individual level
 - what they can change and do to improve their interactions with, and responses to, Aboriginal and/or Torres Strait Islander Peoples
 - the strategies that need to be developed and implemented to ensure health systems embed cultural safety.
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Standard 2.7: Range of program materials

Essential: CST program facilitators support program delivery through a range of program materials that participants use within or following the training.

Highly recommended: CST programs promote the use of CATSINaM-endorsed resources and references. Wherever possible, these will be authored or produced by Aboriginal and/or Torres Strait Islander Peoples.

5 Literature on cultural safety and cultural safety training identifies critical reflection as a core requirement of the training experience.

CST Standards for Midwifery

Element 3: Content

Standard 3.1: Aboriginal and/or Torres Strait Islander health profile

Essential: CST programs provide clear and accurate information on the factors contributing to Aboriginal and/or Torres Strait Islander Peoples' health status, including the social and cultural determinants of health.

Standard 3.2: Aboriginal Community Controlled Health Organisations

Essential: CST programs provide clear information on the history and evolution of the Aboriginal Community Controlled Health Organisations (ACCHOs) which includes:

- maternity-specific health programs such as the Family Partnership Program, Birthing on Country, Aboriginal Maternal and Child Health programs and other relevant programs
- importance of Aboriginal and/or Torres Strait Islander midwives
- detailed history of advocating for Birthing on Country services and defining Birthing on Country to help attendees understand it is a differing view of risk assessment compared with the Western biomedical model (that is, cultural and spiritual risks why ACCHOs Services are effective at meeting the needs of Aboriginal and Torres Strait Islander Peoples in a culturally appropriate manner . This includes how ACCHOs are based on the:
 - Aboriginal definition of health
 - philosophy of self-determination
 - concept of community control—basis of Aboriginal controlled maternity services and how they improve outcomes for mothers and babies
 - comprehensive primary health care (holistic health care)
 - benefits for use of Aboriginal support staff—liaison workers, community workers, Aboriginal Health Practitioners, language speakers.

Standard 3.3. (1): Racism and its impact on health

Essential: CST programs clearly identify and name racism in all its forms.⁶ They also explore:

- the impact racism has on the health status of Aboriginal and/or Torres Strait Islander women and babies
- how racism occurs in health care systems and everyday experiences for Aboriginal and/or Torres Strait Islander families (real stories are recounted and case studies presented of these experiences), both historically and at present
- the need for affirmative action to redress racism and achieve equity

⁶ Literature on cultural safety and cultural safety training identifies racism and its impact on health historically and in the contemporary context as core requirements of the training experience.

Standard 3.3. (2): Racism and its impact on the recruitment and retention of Aboriginal and/or Torres Strait Islander staff

Essential: CST programs clearly identify and address the:

- impact of racism on the recruitment and retention of Aboriginal and/or Torres Strait Islander staff within the maternity service sector
- role of non-Indigenous staff in advocating and supporting anti-racism, diversity and inclusion within the maternity service sector.

Standard 3.4: Diversity of Australia's First Peoples

Essential: CST programs emphasise the diversity of Aboriginal and Torres Strait Islander Peoples.

Standard 3.5: Localised content

Essential: CST programs promote, reflect and include local history, needs and issues.

Highly recommended: CST programs involve Aboriginal and/or Torres Strait Islander Peoples from local areas. Wherever possible, people included would be Traditional Owners or Custodians. It should be recognised that women birthing away from country will not automatically identify with local traditions.

Standard 3.6: Historical context

Essential: CST programs provide a historical context for understanding the situations faced by Aboriginal and Torres Strait Islander Peoples today.⁷ This includes information on pre-colonisation, the impact of colonisation following invasion (that is, laws and policies enacted against Aboriginal and Torres Strait Islander Peoples), and Aboriginal and Torres Strait Islander Peoples' efforts to regain their rights.

⁷ Literature on cultural safety and cultural safety training identifies the historical context and its ongoing effects in the contemporary context as core requirements of the training experience.

CST Standards for Midwifery

Element 4: Facilitation

Standard 4.1: Facilitators

Essential: CST programs are led by Aboriginal and/or Torres Strait Islander facilitators and co-facilitated with non-Indigenous people.⁸

Highly recommended: CST program facilitators include, where possible, Aboriginal and Torres Strait Islander Peoples from the local area where the training occurs. They are either program facilitators and/or presenters, or they promote local Aboriginal community participation in program delivery, including by providing a Welcome to Country.

Standard 4.2: Experience in service provision to Aboriginal and/or Torres Strait Islander Peoples

Essential: CST program facilitators have extensive experience working with Aboriginal and/or Torres Strait Islander Peoples and an understanding of how systems impact on their experiences and life outcomes.

Highly recommended: CST program facilitators are experienced in governance, service delivery and/or training in the ACCHOs and have knowledge and experience in the provision of midwifery care to Aboriginal and Torres Strait Islander families, including through midwives and Aboriginal Health and/or Support Workers.

Standard 4.3: Managing a sensitive learning environment

Essential: CST program facilitators are experienced in successfully facilitating group learning and complex group dynamics. They have relevant experience in training facilitation, teaching and/or delivering educational activities.

Standard 4.4: Cultural protocols

Essential: CST program facilitators demonstrate a commitment to following culturally informed ethical protocols. For example, they do not breach protocols on handling objects, or discuss topics of taboo, such as Women's Business, or specifics of ceremonial activity around birthing, breastfeeding and cord cutting.

8 From a practical experience, and consistent with CATSINaM's position, an Aboriginal and/or Torres Strait Islander/non-Indigenous partnership is important because non-Indigenous Australians play a vital role in taking clear steps to talk about, address and dismantle racism, and modelling this with other non-Indigenous Australians and promote and support cultural safety.

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