CATSINaM

Midwifery Cultural Safety Training Standards – Background Document

April 2019

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) acknowledges the work undertaken by the National Aboriginal Community Controlled Health Organisation (NACCHO) over 2010-2011 to explore and establish the first set of national cultural safety training standards (NACCHO 2011) paper. CATSINaM thanks NACCHO for granting permission for that work to be reviewed and utilised as the basis for developing a revised set of national cultural safety standards for the midwifery profession.

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1: Introduction

In the last decade, it has become evident that midwifery professionals and health services need to develop greater capacity to provide culturally safe care for Aboriginal and/or Torres Strait Islander Australians, including a dedicated effort to understand and implement 'Birthing on Country' practices (Australian Health Minister's Conference 2011; CATSINaM 2014; CATSINaM, Australian College of Midwives & CRANAplus 2016; Kruske 2012).

Several developments have occurred since the National Maternity Services Plan (Australian Health Minister's Conference 2011) was developed for the 2010-2015 period, which will underpin this needed change in midwifery care for Aboriginal and/or Torres Strait Islander Australians:

- Cultural safety is now named in a clearer manner within midwifery accreditation standards, registration standards and the code of ethics, in large part due to the advocacy of CATSINaM.
- CATSINaM's (2017b) adaptation of the original Aboriginal and Torres Strait Islander Health Curriculum Framework (Commonwealth of Australia 2014) for nursing and midwifery, clearly identifies cultural safety as a core component of curriculum in order to prepare midwifery students for their roles.
- Midwifery professionals and the organisations in which they work (i.e. government departments, health services and higher education providers) are starting to undertake cultural safety training as a key strategy in learning about their role in improving health service experiences and outcomes for Aboriginal and/or Torres Strait Islander Australians.

It is in this context that the Birthing on Country Initiative began in 2017, built on a partnership between the Australian College of Midwives (ACM), Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), the University of Queensland and the University of Sydney. The 'Birthing on Country' project is primarily funded by Merck Sharp & Dohme, although some of the linked research activity is funded by the National Health & Medical Research Council (NHMRC). The project was an opportunity to make a sustainable contribution to how midwifery services are designed and developed with and provided to Aboriginal and/or Torres Strait Islander Australians in a culturally safe manner.

By agreement, one contribution extends beyond specific project locations to offer broader national significance. CATSINaM believed the midwifery profession would benefit from 'cultural safety training standards' to help ensure the cultural safety training undertaken by midwives is consistent with the concept of cultural safety advocated by CATSINaM and distinct from other forms of available cultural training, e.g. cultural awareness. These standards will create an ongoing quality assurance process for the delivery of cultural safety training for the midwifery profession.

2: Racism and cultural safety

Aboriginal and/or Torres Strait Islander Peoples know that they have a right to access the health services they need, and the right to receive responsive, respectful and quality care, however, they

cannot be confident they will experience this due to the frequent experiences of racism in the health system. Several studies across the country have found that racism is a common occurrence for Aboriginal and/or Torres Strait Islander Australians, including within the health system (Ferdinand, Paradies & Kelaher, 2013; Gallaher et. al, 2009; Miller, Gibson, Sudano & Edwards, 2009). These experiences result in elevated levels of stress, as well as a reduced likelihood of accessing services. These factors directly influence the disparities we see in outcomes for Aboriginal and/or Torres Strait Islander Australians. Racism is a critical social determinant of health for Aboriginal and/or Torres Strait Islander Australians and must be addressed if we are to facilitate an improvement in care provision, health status and outcomes. Cultural safety training for all health professionals is integral to eradicating racism from our health care system.

3: Cultural safety and midwifery

Enabling women to have equitable access to culturally safe, quality midwifery care is integral to the improvement of perinatal outcomes for Aboriginal and/or Torres Strait Islander women (Rumbold et al 2010). Research undertaken amongst Australian midwives identified a common ideology of best practice being to treat all women the same. Contrary to this common misconception, for the provision of optimal midwifery care, it is imperative for health practitioners, including midwives, to provide care that is regardful of difference. The application of cultural safety to midwifery care provision requires midwives to evaluate power differentials as well as reflect upon their own knowledge and sets of ideals that may impact on the way in which they provide care. Cultural safety within midwifery care requires midwives to be actively mindful of the cultural, social and emotional needs of Aboriginal and/or Torres Strait Islander women and communities. Culturally safe midwifery care is fundamental to increasing the amount of Aboriginal and/or Torres Strait Islander women that access maternity services and to the improvement in outcomes for both mothers and babies. Birth on Country models of care incorporate the key elements of culturally safe care as well as providing continuity of care throughout the continuum of pregnancy and birth. Birthing on Country models of care will have a vast impact on the improvement in outcomes for Aboriginal and/or Torres Strait Islander women and babies that to this point have been minimal.

To ensure a culturally safe health system, we need to increase the Aboriginal and/or Torres Strait Islander health workforce, hence its inclusion in the Close the Gap campaign. Currently, there are 230 Aboriginal and/or Torres Strait Islander midwives in Australia (AIHW 2015). Research identifies that Aboriginal and/or Torres Strait Islander Peoples are more likely to access health services where there are Aboriginal and/or Torres Strait Islander health staff working (Homer et al 2017). There is a need for wider recognition and understanding of this gap in our workforce to encourage and enable Aboriginal and/or Torres Strait Islander Peoples to enter the nursing and midwifery workforce. Development of a more a culturally safe profession will further support the objective of increasing this workforce as well as result in improved outcomes for Aboriginal and/or Torres Strait Islander women, babies and communities.

4: Concepts and meanings

Different terms continue to be used to describe cultural training that is designed to influence the approach taken by health policy, service and program staff, so that health experiences and outcomes for Aboriginal and/or Torres Strait Islander Australians are improved. Terms that have currency in Australia include: cultural awareness, cultural sensitivity, cultural security, cultural respect, cultural safety, cultural competence, cultural capabilities and cultural responsiveness. Some but not all are specifically linked to training (see Appendix A)

Further information can be found on the LINMEN Website: https://www.linmen.org.au/wp-content/uploads/2018/08/catsinam-cultural-terms-2014-wfwxifyfbvdf.pdf

4.1 Cultural safety training

The initial work on cultural safety occurred in Aotearoa, New Zealand through the guidance of Irihapeti Ramsden, a Maori nurse. It was an approach to better equip Pakeha (white) nurses to improve the level of care provided to Maori people and communities. In 1990, cultural safety was mandated in the New Zealand standards for nursing and midwifery registration. As defined by the New Zealand Nursing Council, originally in 1992 then restated 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. (p. 7)*

In the Australian context, the concept of cultural safety has been adopted and adapted to reflect the experiences, knowledges and aspirations of Aboriginal and/or Torres Strait Islander Australians. It has started to gain traction at a national level (Australian Health Ministers Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2016, Department of Health 2013).

In the National Aboriginal and Torres Strait Islander Health Plan (NATSHIP, Department of Health 2013), the goal of the 'Health system effectiveness and clinically appropriate care' is that "The health system delivers clinically appropriate care that is **culturally safe**, high quality, responsive and accessible for all Aboriginal and Torres Strait Islander people" (p. 16). One of the key strategies required is to "implement cultural safety and quality of care agendas for Aboriginal and Torres Strait Islander people across the entire health system" (p. 17). An emphasis on culturally safe health care, service environments and workplaces are noted throughout the document.

In translating this into training on cultural safety, CATSINaM (2017a) describes the focus as:

- *Recognising, understanding and responding to racism at an individual level and at the social-cultural and institutional or systemic level.*

- *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 white Australians, Aboriginal and Torres Strait Islander Australians and Australians who are not white but are not Aboriginal and Torres Strait Islander people.*
- *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 lives.*

This incorporates recognition that Australian health care systems are based on the cultural values and beliefs of the dominant culture (Gollan 2018). Cultural safety will only be experienced if the system is changed, adapted and/or challenged to incorporate and respect "Indigenous ways of knowing, being and doing" (CATSINaM 2018q, p. 12). Further, the presence of cultural safety can only be defined by those who receive health care, i.e. "cultural safety is not something that the practitioner, system, organisation or program can claim to provide but rather it is something that is experienced by the consumer/client" (Walker, Scultz & Sonn 2014, p. 201). Aboriginal and/or Torres Strait Islander Peoples will determine if their cultural identity is being respected, they are not being subjected to racism and they feel safe in the health service/program.

Through cultural safety training, participants engage in what is referred to as "transformative unlearning" (Ryder, Yarnold & Prideaux 2011), through the process of critical self-reflection so health care providers recognise both the conscious and non-conscious use of power in relationships with Aboriginal and Torres Strait Islander clients at an individual and organisational level. The focus on 'whiteness' assists in acknowledging how being part of whiteness automatically leads to white people experiencing unearned benefits and making assumptions that anyone has equal access to these privileges that are seen as 'rights'. This contrasts with the reality for Aboriginal and/or Torres Strait Islander Australians, who do not enjoy the same level of 'rights', even under our contemporary legal and policy framework (Gollan 2018, Taylor & Guerrin 2010).

It is clear that more work is needed to identify the impact of cultural safety training in terms of both participant learning outcomes, and health service experiences and outcomes for Aboriginal and/or Torres Strait Islander Australians. In the midwifery context, this means improvement in Aboriginal and/or Torres Strait Islander women's experiences of cultural safety in health services, mothers' and babies' outcomes, as well as growth of the Aboriginal and Torres Strait Islander health workforce.

However, the initial indications and commitments are that a cultural safety training approach has more potential to result in improvements in both sets of outcomes (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2016, Downing, Kowal & Paradies 2011; Ewen, Paul & Bloom 2012).

4.2 Components of good practice in cultural safety training

The Midwifery CST Standards (2019) represent what the CATSINaM Midwifery CST Standards Working Group viewed as good practice in cultural safety training, not solely in relation to content but concerning the delivery process and facilitation. Many of these elements have been identified by other authors in describing good practice in cultural safety or cultural competence training.

In relation to program delivery, Lumby and Farrelly (2009) described what they believed to be good practice in cultural safety or cultural competence training CCT):

> *CCT should adopt a learner-centred, reflective learning, solution-focused approach, and utilise a variety of training methods, including experiential learning, two-way learning, presentations, group discussion, case studies, small group learning, role plays, participant observation, problem-based learning using scenarios, games, and the use of audio-visual material. (p. 19)*

The approach to facilitation has also been addressed. In reflecting on the role that facilitators must take, McDermott (2012) emphasised that:

The Midwifery CST Standards represent

> *Developing new frameworks of thinking may require disassembling existing planks of belief: a transformative unlearning. Good cultural-safety education generates disquiet, but makes the uncomfortable comfortable enough, through sensitive classroom facilitation in a mutually respectful environment. When an Indigenous health curriculum includes analyses of the health consequences of racism — as it needs to — it struggles against non-recognition of racist acts and systemic discrimination. The challenge, then, is twofold: to make the invisible visible, and to facilitate a "manageable" disquiet.*

In a university context, Flavell, Thackrah & Hoffman (2013) concentrated on the significance of a facilitation partnership between Aboriginal and non-Aboriginal people in the delivery of cultural safety training and/or:

> *Key to the success of the unit, however, was that it was designed and delivered in a partnership with Aboriginal and non-Aboriginal academics underpinned by a Memorandum of Understanding foregrounding Aboriginal Terms of Reference. Relationship building and reciprocity were key elements in the partnership….recognising Aboriginal knowledge as a 'way of being' linked strongly to spirituality, land and community rather than content to be inserted into curriculum….These elements are crucial, particularly in a unit aimed at developing Indigenous cultural competency, as the recreation of colonial structures would not model appropriate cultural sensitivity or create cultural safety. (p. 52)*

An Aboriginal/non-Aboriginal partnership is considered a core requirement for success by facilitators with long-standing experience in cultural safety training in a broad range of contexts, including in the health sector (Gollan 2018, Gollan & O'Leary 2009, Gollan & Stacey 2018).

The Midwifery Cultural Safety Training Standards support and facilitate best practice in order to optimise the effectiveness of cultural safety training in maternity services delivery programs and facilities.

5: Conclusion

CATSINaM concurs with NACCHO's (2011) conclusion, reinforced by several other authors, that cultural awareness training programs alone are insufficient for achieving genuine change in Aboriginal and/or Torres Strait Islander Peoples' experience of maternity health services and health outcomes. However, they have an important place and are a valuable additional training to cultural safety training for midwifery.

The consistent position of CATSINaM is to use the terms cultural safety and cultural safety training. This respects that cultural safety was developed in a First Nations context (Ramsden 2002) and has been both adopted and adapted to the Australian midwifery context. In contrast, most other terms reflect approaches to cultural and linguistic diversity in general that were not specific to First Nations peoples. Further, cultural safety training has a strong focus on change at both the individual and institutional/systemic levels, and directly engages with the ongoing effects of colonisation and the concept of white privilege. The Midwifery CST Standards have been developed to provide consistency in the way cultural safety training is delivered across the midwifery profession. This will enable the midwifery profession to align itself with the CATSINaM definition of cultural safety and ensure that we are working towards a profession and a health system that are culturally safe for Aboriginal and/or Torres Strait Islander Peoples. As a result, the Midwifery CST Standards aim to influence improvement in midwifery care and service provision and outcomes for Aboriginal and/or Torres Strait Islander women, babies and communities.

References

Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2016, *Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health*, Canberra, Australian Health Ministers' Advisory Council, viewed 28 September 2018, <http://www.coaghealthcouncil.gov.au/Portals/0/National%20Cultural%20Respect%20Framework%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Health%202016_2026_2.pdf>.

Australian Health Minister's Conference 2011, *Australian National Maternity Services Plan*, Commonwealth of Australia, Canberra, viewed 10 September 2018, <http://www.health.gov.au/internet/publications/publishing.nsf/Content/pacd-maternityservicesplan-toc~pacd-maternityservicesplan-chapter1>.

Australian Institute of Health and Welfare (AIHW) 2015, Nursing and midwifery workforce 2015, viewed on March 18, <https://www.aihw.gov.au/reports/workforce/nursing-and-midwifery-workforce-2015/contents/focus-on-midwives>

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) 2014, *Towards a shared understanding of terms and concepts: strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander peoples*, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Canberra, viewed 28 September 2018, <http://catsinam.org.au/static/uploads/files/catsinam-cultural-terms-2014-wfwxifyfbvdf.pdf>.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) 2014, *CATSINaM 2014 Conference: Outcomes of the 'Birthing on Country' Yarning Circles*, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Canberra, viewed 10 September 2018, <https://www.catsinam.org.au/static/uploads/files/report-2014-conference-birthing-on-country-yarning-circles-final-wfcmdquycezm.pdf>.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) 2016, *Cultural Safety in Policy and Practice Seminar: summary and implications*, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Canberra, viewed 28 September 2018, <http://catsinam.org.au/static/uploads/files/cultural-safety-in-policy-and-practice-seminar-27-april-2016-report-wfwxsnrkyzyh.pdf>.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) 2017a, *Key considerations in nursing and midwifery curriculum on Aboriginal and/or Torres Strait Islander health history, culture and cultural safety: workshop participant notes and activities*, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Canberra.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) 2017b, *The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework: an adaptation of and complementary document to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework*, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Canberra,

viewed 10 September 2018, <https://www.catsinam.org.au/static/uploads/files/nursing-midwifery-health-curriculum-framework-final-version-1-0-wfxusnoufjil.pdf>.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) 2018a, *Aboriginal and/or Torres Strait Islander Cadetship and Transition to Professional Practice Programs: guiding principles and a framework for implementation*, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Canberra, viewed 20 October 2018, <https://www.linmen.org.au/project/cadetship-and-tpp-programs-national-resource/>.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) 2018b, *Good Clinical Placements Guide for Nursing and Midwifery Students*, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Canberra.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) 2018c, *National Safety and Quality Health Service Standards - Embedding cultural safety workshop*, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Canberra.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Australian College of Midwives (ACM) and CRANAplus 2016, *Birthing on Country position statement*, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Canberra, viewed 10 September 2018, <https://www.catsinam.org.au/static/uploads/files/birthing-on-country-position-statement-endorsed-march-2016-wfaxpyhvmxrw.pdf>.

Department of Health 2013, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, Australia Government, Canberra, viewed 23 September 2018, <http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf>.

Downing, R, Kowal, E and Paradies, Y 2011, Indigenous cultural training for workers in Australia, *International Journal for Quality in Health Care*, vol. 23, no. 3, pp. 247-257, viewed 15 October 2018, <https://academic.oup.com/intqhc/article/23/3/247/1792622>.

Ewen, S, Paul, D and Bloom, G 2012, Do indigenous health curricula in health science education reduce disparities in health care outcomes? *Medical Journal of Australia,* vol. 197, no. 1, pp. 50-52, viewed 15 October 2018, <https://www.mja.com.au/journal/2012/197/1/can-we-educate-out-racism>.

Ferdinand, A, Paradies, Y, & Kelaher, M 2013, Mental health impacts of racial discrimination in Victorian Aboriginal communities: The localities embracing and accepting diversity (LEAD) experiences of racosm survey, The Lowitja Institute, Melbourne, viewed March 12 2019, <https://www.lowitja.org.au/content/Document/Lowitja-Publishing/LEAD-Report-WEB.pdf>

Flavell, H, Thackrah, R & Hoffman, J 2013, Developing Indigenous Australian cultural competence: a model for implementing Indigenous content into curricula, *Journal of Teaching and Learning for Graduate Employability*, vol. 4, no. 1, pp.39-63, viewed 20 October 2018, <https://ojs.deakin.edu.au/index.php/jtlge/article/view/560>.

Gallaher, G, Ziersch, A, Baum, F, Bentley, M, Palmer, C, & Winslow, L 2009, In our own backyard: Urban health inequities and Aboriginal experiences of neighbourhood life, social capital and racism, *Southgate Institute for Health Society and Equity*, viewed 12 March 2019,

<https://dspace2.flinders.edu.au/xmlui/bitstream/handle/2328/25223/InOurOwnBackyard2009.pdf?sequence=1&isAllowed=y>

Gollan, S, personal communication, October 18th 2018.

Gollan, S & O'Leary, P, 2009, Teaching culturally competent Social Work practice through black and white pedagogical partnerships, *Social Work Education*, vol. 28, no. 7, pp. 707-721.

Gollan, S & Stacey, K 2018, *Personal and professional transformation through cultural safety training: learnings and implications for evaluators from two decades of professional development*, paper presented at the Australasian Evaluation Society Conference, Launceston, September 19-21, 2018, viewed 15 October 2018, <http://www.beyond-kathleenstacey.com.au/wp/wp-content/uploads/2018/10/AES-Conference-2018-Personal-professional-transformation-through-cultural-safety-training.pdf>.

Homer, CS, Foureur, MJ, Allende, T, Pekin, F, Caplice, S, & Catling-Paul, C 2011, 'It's more than just having a baby': women's experiences of a maternity service for Australian Aboriginal and Torres Straiti Islander families, *Midwifery*, vol.28, pp. e509-e515.

Kruske, S 2012, *Culturally competent maternity care for Aboriginal and Torres Strait Women report*, prepared on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Ministers' Advisory Council, Canberra.

Lumby, B & Farrelly, T 2009, A best practice approach to cultural competence training, *Aboriginal and Islander Health Worker Journal*, vol. 33, no. 5, pp. 14-22.

McDermott, D 2012, Can we educate out of racism?, *Medical Journal of Australia* vol. 197, no. 1, p. 15, viewed 15 October 2018, <https://www.mja.com.au/journal/2012/197/1/can-we-educate-out-racism>.

Miller, S, Gibson, S, Sudano, L, & Edwards, S 2009, Ever felt like complaining? *HCSCC Aboriginal and Torres Strait Islander Outreach Project,* viewed 12 March 2019, <https://www.hcscc.sa.gov.au/wp-content/uploads/2013/10/h_ever_felt_like_complaining_report_final_web.pdf>

National Aboriginal Community Controlled Health Organisation (NACCHO) 2011, *Creating the NACCHO Cultural Safety Training Standards and Assessment Process: a background paper*, National Aboriginal Community Controlled Health Organisation, Canberra, viewed 10 September 2018, <http://www.csheitc.org.au/wp-content/uploads/2015/11/CSTStandardsBackgroundPaper-NACCHO.pdf>.

Nakata, M 2007, *The cultural interface*, *The Australian Journal of Indigenous Education*, vol. 36 (Supplement), pp. 7–14.

Ramsden, I 2002, *Cultural safety and nursing education in Aotearoa and Te Waipounamu* (Doctoral dissertation), Victoria University of Wellington, viewed 28 September 2018, <http://www.nzno.org.nz/Portals/0/Files/Documents/Services/Library/2002%20RAMSDEN%20I%20Cultural%20Safety_Full.pdf>.

Rumbold, AR, Bailie, RS, Damin, S, Dowden, MC, Kennedy, CM, Cox, RJ, O'Donoghue, L, Liddle, HE, Kwedza, RK, Thompson, SC, Burke, HP, Brown, D, Weeramanthri, T & Connors, CM 2011, Delivery

of maternal health care in Indigenous primary care services: baseline data for an ongong quality improvement initiative, *BMC Pregnancy and Childbirth,* vol.11.

Ryder C, Yarnold D, Prideaux D 2011, Learning and unlearning: is communication with minority patients about self or others? *Medical Teacher* vol. 33, pp. 781-782, viewed 15 October 2018, <https://www.tandfonline.com/doi/full/10.3109/0142159X.2011.609251>.

Taylor, K & Guerin, P, 2010, *Health care and Indigenous Australians: cultural safety in practice*, Palgrave Macmillan, South Yarra.

Thackrah, R & Thompson, S 2013, Defining the concept of cultural competence: building on decades of progress, *Medical Journal of Australia*, vol. 199, no. 1, pp. 35-38, viewed 20 October 2018, <https://www.mja.com.au/journal/2013/199/1/refining-concept-cultural-competence-building-decades-progress>.

Walker, R, Schultz, C and Sonn, C 2014, Chapter 12: Cultural competence – transforming policy, services, programs and practices, in P Dudgeon, H Milroy & R Walker, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Department of Prime Minister & Cabinet, Canberra.

Appendix

Appendix A

Summary of terminology:

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: persona, 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 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

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