



Cultural Safety Training Standards for Midwifery

The Birthing on Country Initiative 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 these contributions extends beyond the specific focus of the initiative to the wider midwifery profession.

Over recent years, the capacity of midwifery professionals and health services in which they operate to provide culturally safe care for Aboriginal and/or Torres Strait Islander Australians has become 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, registration standards and the code of ethics. 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 cultural safety.

An important next step for the profession is to have ‘cultural safety training standards’ to help ensure the training being undertaken is consistent with the concept of cultural safety and is distinct from other forms of cultural training that are available, e.g. cultural awareness training. Such standards would create an ongoing quality assurance process for the delivery of cultural safety training for the midwifery profession.

In October 2018, a roundtable discussion was held with key Aboriginal and/or Torres Strait Islander Peoples within and/or associated with midwifery, who have strong experience in the delivery of cultural safety training. The outcomes of Step 1 of the project plan were discussed and recommendations were made on previous cultural safety training standards developed by the National Aboriginal Community Controlled Health Organisation (NACCHO). The resulting Standards is the outcome of this discussion and consultation process following the round table .

CST Standards for Midwifery

Element 1: Structure

Standard 1.1: Program description

Essential: CST programs are clearly described as cultural safety.

Standard 1.2: Program length

Essential: The total length of CST programs comprises 12 hours of face-to-face delivery over two days, not including breaks, pre-program or post-program activities¹.

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 skills 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 an individual, organisational and systemic level.

¹ In order to cover all elements required for cultural safety training, it is more common for it to be a two-day program. This is particularly important to cover content that non-Indigenous participants find more challenging, such as whiteness and institutional racism, with sufficient time to process it and leave with a clearer understanding of how this relates to participants and how they can take action to support cultural safety.

² Contemporary work in cultural safety continues to have a dual focus on the individual and institutional/systemic level of the health system that require multiple and complementary strategies to address in order to dismantle and address racism and create culturally safe health service experiences and outcomes.

Element 2: Process & Program Delivery

Standard 2.1: Welcome to and/or Acknowledgement of Country

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

Highly recommended: CST programs commence 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 the facilitators:

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

This process or activity should be conducted at the beginning of the CST program³.

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 indicated.

Highly recommended: CST program facilitators promote or undertake post-program evaluation⁴. Outcomes are analysed and used to refine the program where indicated.

Standard 2.4: Learning environment

Essential: CST programs have a process or activity that helps participants make agreements about how they will work together in safe ways to discuss sensitive and challenging areas, such as:

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

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

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

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, e.g. follow-up activities based on recommendations from the facilitators, references and resources for further personal learning, and/or online resources and activities.

Standard 2.6: Critical self-reflection

Essential: The activities within CST programs require participants to engage in critical self-reflection⁵, including:

- how the dominant culture values and beliefs shape their behaviour and interactions with Aboriginal and/or Torres Strait Islander Peoples at an individual level
- what they can change and do to improve their interactions with and responses to Aboriginal and/or Torres Strait Islander Peoples
- What strategies need to be developed and implemented to ensure health systems embed cultural safety.

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.

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 (ACCHOs)

Essential: CST programs provide clear information regarding:

- the history and evolution of the Aboriginal Community Controlled Health Organisations that includes:
 - Maternity specific health programs such as Family Partnership Program, Birthing on Country (BoC), 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 the definition of BoC to help attendees understand BoC's differing view of risk assessment compared with the western biomedical model, i.e. 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, AHPs, language speakers.

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

Essential: CST programs clearly identify and name racism in all its forms⁶ and 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 (recount real stories and case studies of these experiences), **both** historically and at present.
- the need for affirmative action to redress it 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

- the impact of racism on the recruitment and retention of Aboriginal and/or Torres Strait Islander staff within maternity service sector
- the 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 and ensure they reflect and include local history, needs and issues.

Highly recommended: CST programs involve Aboriginal and/or Torres Strait Islander Peoples from the local area. 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 an historical context for understanding the situations faced by Aboriginal and Torres Strait Islander Peoples today⁷. This includes information regarding pre-colonisation, the impact of colonisation following invasion, i.e. 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 people⁸.

Highly recommended: CST program facilitators include, where possible, Aboriginal and Torres Strait Islander Peoples from the local area where the training occurs as either program facilitators and/or presenters or promote local Aboriginal community participation in program delivery including 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 Aboriginal and/or Torres Strait Islander Peoples' 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., inclusive of midwives and Aboriginal Health and/or Support Workers.

Standard 4.3: Managing a sensitive learning environment

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

Standard 4.4: Cultural protocols

Essential: CST program facilitators demonstrate a commitment to following culturally-informed ethical protocols, e.g. do not breach protocols on handling objects, or discussing topics of taboo, Women's Business, or specifics of ceremonial activity around birthing, breastfeeding, cord cutting etc.

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