Marie McInerney, Linda Doherty, Nicole MacKee and Dr Tim Senior reported on the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) national conference series under the theme ‘Back to the Fire’ for the Croakey Conference News Service.

Dr Tess Ryan edited the series.

Croakey Health Media is a non-profit public interest journalism organisation based in Australia.
https://www.croakey.org
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The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) launched an ambitious national conference series held in 10 cities and regional centres across Australia under the theme ‘Back to the Fire’.

It opened with a two-day meeting on Yirrganydji and Yidinji Country in Cairns, and put national and place-based solutions at the centre of discussions.

**Marie McInerney writes:**

Professor Juanita Sherwood is discussing the cultural power being harnessed at the upcoming Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) conference series when she picks up a photo from the bookshelf behind her.

In it, she is standing with the late Elder Aunty Isabel Coe at the Tent Embassy on Ngambri Ngunnawal country in Canberra, near the Sacred Fire for Peace and Justice that has burned at the landmark for Indigenous sovereignty since 1998.

“I’ve been going to the Tent Embassy with my mum forever,” says Sherwood, a Wiradjuri woman and Pro Vice-Chancellor of Indigenous Engagement at Charles Sturt University.

“Aunty Isabel would always say, ‘before you go away again, you’ve got to come down and get smoked, girl’. For me, that fire’s always been really important,” she says.
So it is both poignant and powerful for Sherwood that a coolamon complete with ashes from the fire has been gifted by the Tent Embassy Elders to CATSINaM. The coolamon will travel to the 10 cities and regional centres that will host CATSINAM 2021 conference events under the theme #BackToTheFire over the next six weeks or so.

The conference series begins tomorrow in Cairns on Yirrganydji and Yidinji Country.

Sherwood, who began her working life as a nurse and teacher, dealing with the shocking impacts of racism in Redfern, will speak at the Cairns event as a founding member of CATSINaM, newly appointed member of the CATSINaM Elders Council and inaugural member of CATSINaM’s Muliyan Research Consortium, which first met in December last year at the Tent Embassy.

“It was wonderful to have Uncle Kevin (Buzzacott) remind us of our ability to be cultural beings in this space and to draw our strength from our culture and our ancestors,” Sherwood says of that meeting, which inspired the 2021 CATSINaM conference theme.

Transformative action

Sherwood is fired up by the promise of the Muliyan consortium which aims to form a national collaboration of Indigenous nursing and midwifery practitioners, educators, researchers and allies, as she and other members wrote recently, focused on “addressing racism through transformative Indigenous health and cultural safety education”.

“We want to decolonise health,” she says in a video about Muliyan, which is both a research arm of CATSINaM and a community of independent academics/educational researchers.

“Our role is to be strong, political and start calling the system out for the harm it continues to cause for our people and service providers.”

“Embedding our ways of knowing, being and doing across a course is vital,” she told Croakey, adding though that this should not be confined to nursing and midwifery, or even health.

“We could be such a different country if every agricultural student was thinking about ‘how do I look after this country?’, rather than ‘how do I get the most out of this country?’.”
Muliyan was launched by CATSINaM to focus intellectual firepower on decolonising nursing and midwifery training and practice and in response to a #BlackLivesMatter call to action for Australian nursing and midwifery issued in 2020, during the International Year of the Nurse, in the Contemporary Nurse journal.

That call was led by leading Indigenous academic Dr Lynore Geia, who will speak in Cairns and at other CATSINaM conference events, on its challenge to nursing and midwifery schools, colleges, and universities to “lead through action, to take racism and its effects on Black lives seriously”.

Collective aspirations

For CATSINaM CEO Professor Roianne West, the focus of Muliyan (see the story of its logo), which means ‘eagle’ in Ngunawal language, is about “taking the bird’s eye view” and is “unashamedly political”.

A Kalkadoon and Djaku-nde woman from near Mt Isa whose family legacy includes four generations of Aboriginal nurses and a long line of healers, West began work as an Aboriginal Health Worker and moved to head CATSINaM last October after eight years in academia, including as Foundation Director of the First Peoples Health Unit at Griffith University.

She says the collective aspirations for Muliyan and for CATSINaM are to strengthen the role of Aboriginal and Torres Strait Islander nurses and midwives in the health sector.

There’s much at stake for the workforce, West says, pointing to one of her studies that showed national average Bachelor of Nursing completion rates were nearly 70 percent for non-Indigenous students but 30 percent for Aboriginal and Torres Strait Islander nursing students.

As she and others wrote recently: “Racism impacts on the success of Aboriginal and Torres Strait Islander nursing and midwifery students and creates a situation where the student has to decide whether to ignore it, or speak up, often at risk of being further marginalised.”

Recruitment and retention of Aboriginal and Torres Strait Islander nurses and midwives in the workforce remains as big an issue as it was when CATSINaM was founded in 1997, she says. CATSINaM wants not only to see better rates but to build a pipeline through which more Indigenous nurses and midwives do post-graduate and higher degree research studies.

But there are other critical issues on the CATSINaM agenda, including where the number of Aboriginal and Torres Strait Islander nurses and midwives still make up only one percent of the nursing and midwifery workforce, despite Indigenous Australians being approximately three percent of the population.
CATSINaM is adamant that population parity is not the goal — West says it’s about recognising the value of Indigenous knowledge and the critical importance of cultural safety for Australia’s healthcare system.

**Cultural top-up**

The annual national CATSINaM conference has long been a ‘must attend’ for Indigenous nurses and midwives, seen as a “family reunion” and “cultural top-up” for members and often the only opportunity in a year to meet up for the 5,500 strong Indigenous nursing and midwifery workforce that works across Aboriginal and Torres Strait Islander communities and inside mainstream health services.

The 2020 conference was cancelled because of the coronavirus pandemic and, amid ongoing uncertainty, separate events will now be held over six weeks in Cairns, Darwin, Adelaide, Broome, Perth, Hobart, Sydney, Canberra, Melbourne and later Thursday Island.

The Cairns event looked under pressure when Queensland went late last month into a snap lockdown. There’s relief it can still go ahead, but also a little bit of heartbreak among the organising team that new restrictions mean no dancing — a tough call at a conference packed with Indigenous music and dance.

Despite the logistical complexity, West says it’s critical for CATSINaM to get out to the states and territories “to engage, reconnect and mobilise local members to address local issues” and to make sure that First Nations knowledges and local voices are pivotal to the design and development of the 10 place-based events.

To that end, West says CATSINaM has forged close relationships with Traditional Owners at all sites, most speakers are First Nations people, all conference suppliers have to be registered with Supply Nation, all accommodation venues must have Reconciliation Action Plans and/or Indigenous employment strategies and each event is being used as a showcase for Indigenous knowledges, leadership, arts, music and culture.

**Safe passage**

In Cairns, that focus means that each of the 170 plus attendees are being issued with a visa of entry from the Sovereign Yidinji Government, which renounced legal ties with Australia in 2015 and seeks to enter into a formal treaty with the Commonwealth.

Foreign Affairs Minister Murrumu Walubara Yidindji said the visas grant “safe passage into and on Yidindji Territory” to the holders — who have included Prime Minister Scott Morrison and State Premiers at a Council of Australian Governments (COAG) event a few years back.

Yidindji — you can follow him on Twitter here or the Yidinji Government on Facebook here — says his message to the conference will be the importance of sovereignty and Treaty to Closing the Gap and addressing other critical issues, including the climate crisis.
“Australia is a wonderful administrator but it does not possess necessarily a space to create Indigenous specific solutions for specific areas,” he told Croakey, saying the Yidinji have a track record over tens of thousands of years.

“There were no prisons here, our lore was strong and health was pretty good.”

The conference will also hear from Yidinji Elder Henrietta Marrie/Fourmile, who has served with the UN Secretariat of the Convention on Biological Diversity and published a paper, **Emerging trends in the generation, transmission and protection of Traditional Knowledge**, which warned that traditional knowledge is under threat along with the environment.

Her work, with her partner Adrian Marrie, on developing a **racism matrix** for identifying, measuring and monitoring institutional racism within public hospitals and health services will be the focus of her CATSINaM presentation.
Many layers to the theme

The conference will also celebrate the artwork of Cairns artist Susan Reys, a descendant of the Badtjala people of Fraser Island and a Dharra Warra woman, whose design for the Back to the Fire theme will feature throughout the conference series and link also to the 2021 NAIDOC theme Heal Country.

CATSINaM says the ‘Back to the Fire’ theme draws on the words of one of the Tent Embassy guardians to ‘come back to the fire’, “which reminded us all about the importance of who we are, where we have come from and our place, position, and responsibilities within the Indigenous nursing and midwifery profession”.

It says there are many layers to the theme, but, at its core, it is “a call to us all to remove our blindfolds and to acknowledge the value of First Nations ways of knowing doing and being for nursing and midwifery,” for each nurses and midwife to “critically reflect on their professional and cultural stance”.

In its conference program, it declares:

“As a group CATSINaM is united by a deep conviction that Indigenous nurses and midwives hold a gift for the Australian healthcare system.

This gift is held in the way we continue to work together to counteract institutional and individual racism and the deficit approaches that story First Nations peoples, nurses and midwives as well as our ways of knowing, doing and being in Health education, practice, and research contexts.”

Angela Coe, Dr Lynore Geia, Professor Juanita Sherwood and Marnie Tuala in Cairns. Credit: Nardoo Photography
Watch

- **Video** of Aunty Matilda House welcoming members of the Muliyan Research Collective on Ngambri Ngunnawal country in Canberra

- **Video** featuring members of the Muliyan Research Collective talk about their vision and work
Calls to action from Aboriginal and Torres Strait Islander nurses and midwives

Murrumu Walubara Yidindji, from the Sovereign Yidindji Government, issues a visa to CATSINaM CEO Professor Roianne West: Photo David Nardoo

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) launched its inaugural ‘Back to the Fire’ national conference series on Yirrganydji and Yidinji Country in Cairns.

It opened with the issue of visas to the 170 plus delegates from the Yidinji Sovereign Government, with further events to be held in cities and regional centres across Australia over coming weeks.

The post below features photos from the event, with thanks to photographer David Nardoo, and #BackToTheFire Twitter coverage.
Coming together

All photos by David Nardoo, Nardoo Photography

Yidinji Elder Uncle Henry Fourmile with the coolamon gifted by the guardians of the Tent Embassy in Canberra that will be taken to the ten cities and regional centres to host the CATSINaM Back to the Fire Conference Series.

Welcome to Country on behalf of the Yirrganydji People from Aunty Jeannette Singleton
Cairns artist Susan Reys, a descendant of the Badtjala people of Fraser Island and a Dharpa Warra woman, whose design for the Back to the Fire theme will feature throughout the conference series and link also to this year’s NAIDOC theme Heal Country.
You can track Croakey’s coverage of the Conference here.

Calls to action from Aboriginal and Torres Strait Islander nurses and midwives #BackToTheFire

The Briscoe Sisters

Aunty Gracelyn Smallwood, keynote speaker at the Awards, Scholarships & Graduation Dinner, with CATSINaM CEO Prof Roianne West and delegates

Conferencing, in the time of COVID-19
Calls to action from Aboriginal and Torres Strait Islander nurses and midwives
#BackToTheFire

You can track Croakey’s coverage of the Conference here.

Aunty Henrietta Marrie, speaks on the destructive power relationship of the coloniser & the people colonised. The trauma runs deep “the rape of the soul”, “the psychological blight” words of Kevin Gilbert still echoes today. #backtothefire @CATSINaM

Murrumu Fournile, Gimuy Walubarra Yidinji People, Sovereign Yidinji Government.

Asserting Yidinji Sovereignty, to care for country and each other. #CATSINaM #CNCS21 #BacktotheFire

KEYNOTE Dr Karen Martin begins with the Fire and ends with reminding all the always come back to the Fire.
Honours & remembers all that came before, who stood up, got locked up, bashed up to allow us all to be here #CATSINaM @TentEmbassy #BacktotheFire #CNCS21 @RoianneWest
Adjunct Prof. (Practice) Alison McMillian, Commonwealth Chief Nursing and Midwifery Officer acknowledges the impact of the COVID19 Pandemic. Highlights our success in keeping our communities safe.

#CATSINaM #BacktotheFire #COVID19 #CNCS21

#BackToTheFire @HealthyNC

Aunty Dulcie Flower, founding member; Marni Tuale, CATSINaM President; Gary Torres, founding member; Professor Isanaita Sherwood, founding member; facilitator Professor Rosanne West.

#Catsinam #backtothefire #CNCS21

@CATSINaM 'Back to the Fire' Conference series are celebrating local artists and mob, delegates don't miss the deadly stalls.

'Jarawee' Briana Enoch Artist/Designer, fb Jarawee

#BacktotheFire #CATSINaM #CNCS21
You can track Croakey’s coverage of the Conference here.

Calls to action from Aboriginal and Torres Strait Islander nurses and midwives #BackToTheFire

Midwifery Pathways #YarningCircle at @CATSINaM #BackToTheFire

Professor Gracelyn Smallwood talking about the many deadly initiatives she has been involved in over her long and illustrious career. #ontheshouldersofgiants #BackToTheFire @CATSINaM
Calls to action on racism and cultural safety

Dr Lynore Geia ignites a fire in all, a call to action for all members of our Nursing and Midwifery Profession to step up and come to together in the fight for equity, justice and to dismantle systems of oppression.

@LynoreGeia #CATSiNaM #BackToTheFire #BLM @Closethegap

A unified call to action from Lynore Geia it's time to make 'Indigenous health... everybody's business' and to 'Dismantle structures of racism and oppression' #BackToTheFire @CATSiNaM tandfonline.com/doi/pdf/10.108...

Keynote speaker Dr Karen Martin, Noonuccal People, discusses Cultural Safety including the 'tricks of colonisation' #BackToTheFire @CATSiNaM #culturalSafety #racism

The way First Nations Nurses, Midwives care for our Mob is very different to the medical model. It doesn’t fit well in the system. Much work still to be done. Advocate & activate in the system for better care for First Nations. #backtothefire @CATSiNaM

Panel members share that they face judgemental attitudes and words from non-Indigenous nursing & midwifery colleagues on the way they provide holistic model of care to First Nations people in hospital. Comes down to understanding #CulturalSafety @CATSiNaM
Dr Lynore Geia call to action for all; it’s time heal from our past and look to the future of where we need to go as Nurses and Midwives, its time to heal our profession. Cultural safety is not a threat, its the living model for healing. 
@LynoreGeia #CATSINaM #BacktotheFire

@NACCHO Chair Donella Mills .... Our mob don’t just graduate with a degree they graduate with culture. 
@CATSINaM #backtothefire

Dr Karen Martin, calls for #CATSINAM lead National Cultural Safety Plan....decolonised post graduate plan
#CATSINaM #CNCS21 #BacktotheFire @NACCHOalerts #CloseTheGap @RoianneWest

Our universities need to really shift the dial in recruiting and retain Indigenous students and the way the curriculum is driven #backtothefire @CATSiNaM
You can track Croakey’s coverage of the Conference here.

Calls to action from Aboriginal and Torres Strait Islander nurses and midwives

#BackToTheFire

**Birthing on Country**

**CATSINaM**

@CATSINaM

Marni Tuvalu discussing barriers that are preventing Birthing on Country models being implemented throughout the country. Mob cared by mob is the solution for best maternal and infant health outcomes.

#Catsinam #backtothefire #CNS21 #IndigenousX #BirthingonCountry

**Letitia Del Fabbro**

@letitia_df

Jody Currie (CEO, Aboriginal & Torres Strait Islander Community Health Service Brisbane) firmly advocates for ‘Birthing on Country’ as an urgent priority for the health and wellbeing of Aboriginal & Torres Strait Islander communities 🌟🌟🌟 #BackToTheFire

Effect of a Birthing on Country service redesign on maternal ...

There is an urgency to redress unacceptable maternal and infant health outcomes for First Nations families in Australia... sciedirect.com

**Letitia Del Fabbro**

@letitia_df

Prof Alison McMillian commits to supporting Birthing on Country at a National level.

@CATSINaM #BacktotheFire #CNCS21 #BirthingOnCountry @closethegapOZ @IndigenousXLtd @WamindaSthCoast

**CATSINaM**

@CATSINaM
Awards and honours

CATSINaM 'Back to the Fire' Conference Series awards have begun... Prof West announcing CATSINaM Lifetime Achievement Award winner Aunty Mawn Young.

#Catsinam #CNS21 #BacktotheFire

@CATSINaM Qld 'Student of the Year' joint winners announced. The future of Nursing and Midwifery.

#Catsinam #BacktotheFire #CNS21

Thank you to @CATSINaM, keep our fire burning, pass on the flame. For Bwgcolson ... for Tom and Betty Geia who gave me their fire.

Pro. Roianne West & @LynoreGeia announce the winner for 'On who’s Shoulders We Stand' award Aunty Pam Mam, in honour of her legacy and achievements. Accepted on behalf of her family. Vale Aunty Pam Mam.

@CATSINaM #BacktotheFire #CNS21
Closing ceremony

#CATSINaM ‘Back to the Fire’ Smoking ceremony Uncle Henry Fourmille, Gimuy Walubarra Yidinji People. @RoianneWest in closing thanks the Yidinji and Yirganydjii Traditional Owner groups for hosting the Conference and allowing safe passage for all. #BacktotheFire @CroakeyNews

‘Back to the Fire’ Conference Series Closing Ceremony...Prof. West calls for #CATSINaM to be the Cultural Authority of Nursing and Midwifery Nationally... Indigenous Knowledges to lead our Profession.

#CATSINaM #BacktotheFire #CNCS21 #Croakey

Powerful closing ceremony with outstanding @CATSINaM leader @WestRoianne ‘we need to think big, the time is now’ #BackToTheFire
Twitter analytics

Analytics provided by Symplur for the Cairns conference days.

Top 10 Influencers determined by the SymplurRank algorithm.
Celebrating nursing and midwifery family on Larrakia Country

For Aboriginal and Torres Strait Islander nurses and midwives, getting together on Larrakia Country in Darwin has been an opportunity to celebrate their connections, strengths, leadership and amazing work, reports Dr Tim Senior for the Croakey Conference News Service.

It was the second event in the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) national conference series, which opened with a two-day meeting on Yirrganydji and Yidinji Country in Cairns.

Tim Senior writes:

The CATSINaM Conference 2021 continued its tour of the continent known as Australia this week, meeting on Larrakia Country, in Darwin. At each new venue, the coolamon from the guardians of the Tent Embassy in Canberra is being passed on. Richard Fejo, Larrakia Traditional Owner, and well known in the top end health sector as an award-winning cultural educator and stand-up comedian, received the coolamon and gave the Welcome to Country.
That a Traditional Owner at the conference has so many strings to their bow does not seem unusual at the CATSINaM conference. So many Aboriginal and Torres Strait Islander nurses have multiple skills that serve to improve the experience of Aboriginal and Torres Strait Islander people in health services.

CATSINaM Board member Karita McCarthy is a Waanyi and Tagalaka Nation woman who grew up in Darwin. McCarthy was a speaker on two separate panels in the conference program involving Graduate supports and Eldership and Leadership. She lists her pathways through various qualifications:

- **“My career in health started in 1998. I was an Aboriginal mental health worker to start.”**
- **I did a graduate certificate in social and behavioural health and then I did a Diploma in Primary Healthcare specialising in mental health.**
- **I then did a diploma in Business Administration. I commenced a diploma in alcohol and other drugs, which I didn’t finish, because I thought at this point, we didn’t have enough qualifications to be a doctor, but not actually be able to get anywhere with any of the qualifications.**
- **So, I bit the bullet after a long time and became a registered nurse.”**

**Support matters**

Having navigated through her learning journey, McCarthy is clear in the message she wanted to give at the conference.

“The biggest thing with me was that I felt really alone,” she says.

“It was really hard to find any other nurses and midwives who were going through all the things that I was going through. I’m really hoping to get out there all of the organisation and businesses and support – that people don’t have to feel alone.”

McCarthy discusses the importance of scholarships in gaining these qualifications: “Probably one of the hardest things with any kind of study is all the unpaid placements. You’ve got all the bills and the credit cards and the loans that you probably don’t have when you’re young. I knew that I had to find every scholarship I could get my hands on and apply for everything.”

Financial support through study is vital. McCarthy lists the Puggy Hunter Memorial Scholarship, the Mediserv Indigenous Scholarship, and the NAIDOC Scholar of the Year award in 2018 as being especially important.

Support from the NT Department of Health was also vital, in providing a flexible Patient Care Assistant position that would fit in with her studies. Supporting nursing students in writing effective applications for scholarships, is one way McCarthy hopes she can assist.

McCarthy’s clinic experience is far and wide, including psychiatric nursing, renal nursing and palliative care. She also works with the NT Department of Health and the NT Primary Health N, and is keen to see more Indigenous nurses working in primary care and in the hospital system throughout the Northern Territory. “At the moment there’s not really a path for Indigenous nurses to be able to get into remote areas, or even to get into renal dialysis.”

McCarthy talks with real excitement about a young Indigenous nurse coming through in psychiatric nursing. The same excitement is there, however, in the opportunity to meet one of her heroes.
“We were so lucky to find Professor MaryAnn Bin-Sallik to be the key-note speaker at the dinner. She’s one of the most amazing women. There’s a chapter on her in the CATSINaM Indigenous nursing book written by our founder. I’ve always hung on to this book thinking about what it would have been like in the 1970s and 80s, especially being Indigenous. People talk about this legend. I’m very, very honoured to have this lady being part of our conference.”

**Being with family**

For McCarthy the CATSINaM conference is family. “That’s the luckiest thing for Indigenous people with cultural kinship and our connections that we don’t actually have to be related to somebody. Being in the nursing world, we are family, and we do call each other brother and sister.”

One of the keynote speakers at the Darwin conference, Deputy CEO of the Healing Foundation Donna Burns reflects on being at the Cairns meeting.

She says: “It was a trip down memory lane – seeing nurses and midwives who, over the last 50 years have put their heart and soul into making change, and have shown such resilience and dignity and a level of intellect. It was really moving to see these women who have never given up. They did not throw in the towel at any point, despite it being ridiculously hard.”

Burns, a Wiradjuri woman, was an emergency clinical nurse specialist and says: “The work we do is about changing systems”. This is why she now works with the Healing Foundation.

Burns is clear about the message in her keynote speech. “I’d like to share with the audience, just understanding trauma, because it’s really the trauma where healing is and what that means for clinicians and how we can do it as individuals. But to get an organisational shift, we need leaders to be brave, strong and kind.”

Kindness as an essential part of leadership is not a theme regularly mentioned among non-Indigenous leaders. “For this kind of leadership, people really have to connect to being kind because you have to be kind and strong. And it takes a level of kindness, I think, to understand trauma, and the impact that presents to us now, as clinicians.”

Burns sees a clear link between individuals providing trauma-informed care, and organisations operating in a trauma-informed way.

She says:

- **“Just understanding the place of trauma that people come from and impacts on presentations and behaviour.”**

- **If a First Nations person presents to any healthcare setting, it’s an opportunity. It can’t be seen as a burden and it can’t be seen as problematic.**

- **We have to implement trauma healing informed practice where we focus more on equity rather than equality. It’s okay to triage someone differently because of their all of the trauma.**

- **I went into organisational change and programs where we were treating focused on better outcomes for patients as far as experience rather than clinically, because we knew that if they had a better experience, they would have a better clinical outcome.”**
**Systemic change**

Burns sees CATSINaM having a unique position in pushing for systemic change. “What they do is present an understanding that mainstream organisations literally do not have. People are shifted by a story and they’re shifted by truth and truth changes of hearts and minds. And these organisations can share the truth, because they know, they’ve got lived experiences. They’re committed. And then by sharing the truth, people will listen.”

Burns gives a real-life experience that contextualises the issue. “I can remember, being in the ED [Emergency Department] one day and having a hand over where someone would say chest pain bed 3, appendix bed 4, Aboriginal man bed 6. Hey, why was that the defining feature, referred to as their Aboriginality, rather than the reason for admission.”

Another story she tells of someone sitting down for a yarn with a prisoner and then “was held to account for that behaviour, telling them it was outside of current guidelines. They were reprimanded for doing something different, which is actually completely culturally appropriate.” In the clash of two cultures, the organisational culture trumps Indigenous culture.

Burns gains strength from the move away from a deficit discourse, as found at CATSINaM. “The deficit is what gets picked up in the media, but there’s a whole movement acknowledging each other for doing amazing work.”

She quotes the chair of the Stolen Generation Reference group for the Healing Foundation, Ian Hamm: “We are there to unleash the potential of First Nations people”.

And this could be what all the delegates and speakers at the CATSINaM conference are doing for each other.

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**Dr Tim Senior** is a GP working in Aboriginal health and a contributing editor at Croakey Health Media.
Photo gallery

Croakey acknowledges and thanks David Nardoo and CATSINaM for these photos below, featuring Richard Fejo, Larrakia Traditional Owner offering Welcome to Country, CATSINaM CEO Professor Roianne West, conference scenes, Garramilla Dancers, and a Smoking Ceremony.
You can track Croakey’s coverage of the Conference here.

Back to the Fire – celebrating nursing and midwifery family on Larrakia Country

#BackToTheFire

Croakey
“Conference News Service”
You can track Croakey’s coverage of the Conference here.

Back to the Fire – celebrating nursing and midwifery family on Larrakia Country

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Back to the Fire – celebrating nursing and midwifery family on Larrakia Country #BackToTheFire

CATSINaM @CATSINaM - 19h
#backtothefire Prof Karen Adams, Director Gukwonderuk Faculty of Medicine Nursing & Health Sciences Indigenous Engagement Unit providing delegates with an overview of research that’s happening at Monash. @CATSINaM @CRIANplus @CroakeyNews @LynoreGela @IAHA_National @NAATSHPW

CATSINaM @CATSINaM - 19h
#backtothefire Melissa Browning & Courtney Garrett gauge and measure changes in staffs self reported cultural capability knowledge, skills and attitudes, in collaboration with First Peoples Health Unit, Griffith University. @LynoreGela @NAATSHPW @AMSANT_PHN @CroakeyNews

CATSINaM @CATSINaM - 17h
#backtothefire That’s a wrap deadly people on our “Back to the Fire” Conference on beautiful Larrakia Nation. Thank you to @RichardFeo our deadly Emcees and everyone who joined us over the 2 days. UNITY AND STRENGTH IN CARING 🤲🏾❤️❤️❤️❤️❤️ @CroakeyNews @LynoreGela @IAHA_National

CATSINaM @CATSINaM - 15h
#backtothefire ‘Back to the Fire’ Gifting Ceremony, Richard Feo Larrakia and Warramungu Elder and Traditional Owner handing over to Timpa Ritchie of Kaurna Nation and granting safe passage for our next conference in Adelaide on Kaurna Nation. #BacktotheFire @CroakeyNews
Putting the spotlight on racism in healthcare

As Aboriginal and Torres Strait Islander nurses and midwives gathered on Kaurna country in Adelaide, the focus was firmly on the importance of addressing racism in healthcare, reports Dr Tim Senior for the Croakey Conference News Service.

It was the third event in the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) national conference series. Read our previous articles here.

Aboriginal and Torres Strait Islander readers are warned that the following story contains the names of deceased persons.
Tim Senior writes:

The coolamon that is being passed through the CATSINaM series of conferences moved from Larrakia country to Kuarna country, Adelaide. This one-day event had a strong focus on institutional racism in the health sector.

Gamilaroi man Dr Chris Bourke, Strategic Programs Director of the Australian Healthcare and Hospitals Association, presented the work he led (together with Professor Adrian Marrie), auditing South Australia’s Local Health Networks for institutional racism.

This important work, done on behalf of the Health Performance Council, demonstrated high levels of institutional racism across South Australian state health services.

Nine out of ten local health networks showed very high levels of institutional racism based on publicly available information.

That this has been investigated in South Australia makes the Adelaide Back to the Fire conference the obvious place to talk about racism in the health sector.

Wider resonance

This particular project resonates with Ngarrindjeri woman, Keera Laccos-Barret, and it is the presentation she has been most looking forward to within the Adelaide CATSINaM program.

Laccos-Barret has been a registered nurse for 10 years, and is currently an academic teaching staff member at the University of South Australia.

Presenting her Master’s research at the conference, Laccos-Barret asked the question; “Are Australian Universities Teaching Undergraduate Nurses to be Racist in Discrete Aboriginal and Torres Strait Islander Courses?”

Keera Laccos-Barret
The research is not yet complete; however, she is very familiar with the findings of the South Australia institutional racism audit.

Laccos-Barret has experienced racism in the care provided for herself and her family, and has witnessed racism in healthcare towards other Aboriginal and Torres Strait Islander people.

“It’s a requirement that all universities that are delivering an undergraduate nursing program are required to have a discrete Aboriginal and Torres Strait Islander health course written to CATSINaM’s adaptation of the health curriculum framework,” she says.

Laccos-Barret is examining the development of learning objectives about this compulsory part of the nursing curriculum.

She says:

- *Is race included in our learning objectives? Is the teaching based on deficit?*
- *Is it othering of Aboriginal and Torres Strait Islander people?*
- *We need more accountability with who is developing the narrative about Aboriginal and Torres Strait Islander people in nursing.*
- *Who gets to develop the narrative about Aboriginal trauma?*
- *What’s their understanding of their own internalized racism and systemic racism?*
- *What’s their own awareness of their position of power in a racialised hierarchy?*
- *I’m seeing in some of the content, that we’re enforcing racism.*

**Gaining traction**

These aren’t topics that are usually considered in health curricula; however, people have been receptive.

“With the type of methodology [I’m using], it has been criticised by people who are quite quantitative. But health professionals are generally interested with the idea of racism in care. I can see that there will be traction in the future.”

Ultimately, it comes down to who is developing the curricula (and the narrative) on Aboriginal and Torres Strait Islander health.

“How can you research racism as experienced by Indigenous people, if you are not researching through an Indigenous way of being with the world and knowing?”

Laccos-Barret admits to being frustrated that she is undertaking this research, but not yet involved in developing the curricula that would help solve the problems she’s identified.

“I’m being unapologetically political with this!” she says.
Putting the spotlight on racism in healthcare #BackToTheFire

Stories across generations

Laccos-Barret is one of the younger generation of First Nations nurses whom Dr Lynore Geia, a Bwgcolman woman from Palm Island, was most looking forward to hearing from at this event. “I’m close to retirement,” she says.

Geia grew up influenced by parents who were strong social justice advocates on Palm Island, and her experience and identity have been profoundly influenced by the racist policy experienced there.

Qualifying as a nurse in 1977, Geia then engaged in midwifery training in Lewisham, England.

“In England I was working with so many black midwives,” she says. “They were midwives from the West Indies, British Guyana, from Africa. All my seniors were all black midwives. It was the total opposite of Australia.”

She found these women inspirational representations in their work. “I still think about them today. And what they’ve taught me as a midwife, and what they’ve taught me about community and caring for women. It was an incredible cultural shift for me. That really cemented me in my identity of who I am as a midwife.”

During the 80s in Queensland, while some racist policies were being dismantled, the practices that they had described continued.

“That whole systemic way of working – not with Aboriginal people, working on Aboriginal people – was still happening.”

It didn’t only affect communities, it also affected the ways Geia, as an Indigenous nurse, was treated, at one point being threatened by the matron with being shipped on the boat back to Palm Island – a threat with particular historical overtones for that community.

After a period of time working as a remote area nurse in the APY lands in central desert Australia – “working in a different country in the same country” – Geia returned to Palm Island.
During this time there were deaths of Aboriginal and Torres Strait Islander people in custody, including the well-known death of Mulrunji Doomadgee, which sparked a community uprising and national outrage.

When the Black Lives Matter protests were further ignited by the murder of George Floyd in the United States, Geia felt the similarities. “That resounded so deep within me,” she says.

“It was something so personal and so profound. Even though he was an American citizen, as a black Australian, that violence that was perpetrated on him, it echoed, right across from America to Australia.”

It left Geia to question, “Do our lives matter?”

**Call to action**

She started thinking about writing a call to action for Australian nursing. The statement that eventuated was signed by 116 nurses, and sets out four principles for action:–

- Indigenous health is everyone’s business. We all work in health, we all work to better health in all areas
- We have to dismantle structures of racism and oppression in nursing and midwifery.
- We must improve our curriculum, and the development of cultural safety.
- Collegial caring for each other – we are all nurses and midwives, we belong to the same profession.

The identity of Geia, as an Indigenous midwife, and her lived experience of systems and practices are closely intertwined, in a way that demonstrates how important the Black Lives Matter movement is to improving health systems for Aboriginal and Torres Strait Islander people.

“As an Aboriginal person, I cannot stand away from that, because that’s part of my life. It’s always subjective. And it always hurts. We go through a process of healing ourselves, where you don’t forget it as much and start to address issues without protecting yourself rather than being pulled in and being hurt again. That’s the whole theme of the Black Lives Matter paper,” she says.

“Download the paper, read it, use it as a working paper in university. Look at what you can do in dismantling racism and systems of oppression in health.”
Geia is at pains to acknowledge her debts to others in this work.

“I’m very grateful being on Kuarna country,” she says.

“Everywhere I go I always imagine the First Nations people, where they would have walked and camped and lived their lives. Thank you to the Kuarna people for letting us walk here, and for bringing the CATSINaM fire to Kuarna country. I want to honour them.”

Geia adds:

“This work that we’re doing it’s not new work, we’re standing on the shoulders of giants who’ve come before us.

We’re picking up the threads and making it stronger, until it becomes a rope that doesn’t break.”

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From Twitter

CATSINaM @CATSINaM · Apr 27
We acknowledge we are meeting on the traditional Country of the Kuarna people & pays respect to Elders past and present. We recognise and respect their cultural heritage, beliefs and relationship with the land and that they are of continuing importance to the Kuarna people 🧸.

CATSINaM @CATSINaM · Apr 27
Prof Rolanne West and Jack Buskin #keepingculturecentral #backtothefire #catsinamconnect

CATSINaM @CATSINaM · Apr 26
Jack Kanya Kudnuta Buckstein is a proud Kaurna & Narungga man who has dedicated his life to learning and passing on his knowledge & language to future generations of Kaurna people. CATSINaM is honoured to have Jack deliver a Welcome to Country & perform a Smoking Ceremony.

CATSINaM @CATSINaM · Apr 27
Adelaide conference 🌸.

CATSINaM @CATSINaM · Apr 27
@NipatwCoe @NACCHODepChair @Ahpra "parlen safety is the norm for First Nations People" 😊

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You can track Croakey’s coverage of the Conference here.

Putting the spotlight on racism in healthcare #BackToTheFire
You can track Croakey’s coverage of the Conference here.

Putting the spotlight on racism in healthcare #BackToTheFire
Back to the Fire was a fitting theme for Aboriginal and Torres Strait Islander nurses and midwives in nipaluna/Hobart as they gathered under the snow-capped mountain of kunanyi/Mount Wellington.

Delegates to the latest event in the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) national conference series were told of the urgent need to remove barriers to the wider implementation of Birthing on Country and to grow the Aboriginal health workforce, reports Nicole Mackee for the Croakey Conference News Service.

The Healing Foundation also revealed plans for a national campaign to “Make Healing Happen”, to be launched on 2 June.

Nicole MacKee writes:

A dusting of snow on kunanyi/Mount Wellington welcomed delegates to the southern-most session of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) National Conference Series in lutruwita/Tasmania this week.

This powerful landscape provided a fitting backdrop for the CATSINaM conference theme: ‘Back To The Fire: Unity and Strength Through Caring’. Nipaluna is the fourth destination for the coolamon, which originated at the Tent Embassy in Canberra, and is travelling the country with the conference series.
In her address to the conference, CATSINaM president Marni Tuala called for a national solution to the indemnity insurance limitations that were a key barrier to birth-on-country models of care.

Tuala, of the Moorung Moobar Goodjinburra and Bundjalung nations, told Croakey that professional indemnity insurance for midwives was revoked in 2000-2001.

“We still have private practice midwives, but it’s quite an expensive ordeal with insurance, etc, and there are also barriers with that in terms of visiting rights and continuity of care,” she said.

“Aboriginal Community Controlled Health Services are the best place to facilitate birth-on-country models of care but are unable currently to purchase an insurance product to allow midwives to work the full scope of practice. They can do antenatal and postnatal care, but they can’t do the birth and intrapartum care, so there is an immense limitation there.”

Workforce issues were a further barrier to birth-on-country models of care, Tuala said, adding that there were still only 230 Aboriginal and Torres Strait Islander midwives nationally.

“If we were to aim for population parity, we would need about 1,096-1,100 midwives today and that doesn’t take into account our higher birth rate being about 2.4 times higher, so we are a long way off the mark.”

Support through education

Palawa woman Dr Tanya Schramm – a GP and Senior Lecturer in Aboriginal and Torres Strait Islander Health at the University of Tasmania – also presented at the conference.

Reflecting on the conference theme of ‘Back to the Fire: Unity and Strength through Caring’, Schramm said it was crucial for Aboriginal and Torres Strait Islander doctors and nurses to support each other through academia and into the workforce.

Schramm said lutruwita had some catching up to do when it came to growing a thriving Aboriginal and Torres Strait Islander health workforce.

“Sadly, a lot of our community have ventured interstate to get their degrees and as a result, many end up staying in those other states,” said Schramm, who is also president of the Australian Indigenous Doctors Association.

“So, it’s really important for our community here that we look at recruiting our local students through the university system. There is definitely interest in those caring roles – whether it be working as a nurse, doctor or allied health professions among our community.”

CATSINaM president Marni Tuala pointed to a chasm between the national graduation rates of Aboriginal and Torres Strait Islander nursing and midwifery students and other students.

“The likelihood of an Aboriginal or Torres Strait Islander person graduating from their Bachelor of Nursing of Bachelor of Midwifery is 27 percent,” she said, adding that the graduation rate for non-Aboriginal nursing/midwifery student graduating is 75 percent.

“We are a long way off the mark. So, we need to start to look at systemic reform around what’s going on in our education system, we need to look at curricula reform, we need to look at accreditation, and CATSINaM needs to lead that work.”

Workforce retention was another challenge, Tuala said.
“We are 20 years on from the ‘gettin em n keepin em’ report and we haven’t improved at all in our retention rates in Aboriginal and Torres Strait Islander nursing and midwifery students,” Tuala said.

“Our recruitment has gone up 300-400 percent, so we don’t have any problems getting Aboriginal and Torres Strait Islander people to enrol in nursing and midwifery – it’s in the bloodlines, we have been doing it for 60,000 years – but the retention rates remain the same.”

‘You cannot be what you cannot see’

Schramm said that it was important for universities to make space for Aboriginal and Torres Strait Islander people in health courses, and to provide sustained support throughout their education.

“It’s really important that we try to get members of our community into those courses, and we do everything that we can to support them in that space to make sure that they graduate at the end,” Schramm said.

“Whether it is in a clinical setting, or those of us who might go into medical education and work in the university, we need to work together and support each other as we grow our workforce.

“For our mob, there are a lot of challenges coming into that space. We are very few in numbers, so you don’t have that communal support so it’s really important that we try to provide that by providing access to other students who may be further along in their course, or having an Aboriginal academic present in the space, someone that student can relate to.”

Schramm said the benefits of a robust Aboriginal and Torres Strait Islander health workforce were many.

Once they have graduated, Schramm said Aboriginal and Torres Strait Islander nurses and midwives could be a dynamic force in challenging the healthcare system to offer better, culturally safe care.

“It’s standing together in a collaborative group, saying ‘this is what we want, this is how we are going to drive that change forward’, and challenging the health systems to do a better job, because we are part of it,” she said.

“You can’t be what you can’t see’ and when there is one Aboriginal nurse within the hospital system, other people within the community will start to see, ‘wow, that’s something that I can do’.”

“So not only do you get the benefit of better, more culturally safe health care ... they are also going to encourage more Aboriginal and Torres Strait Islander people to take that journey into those caring and health-related roles. This will drive and develop our workforce – employment, education, all of those things that directly improve the social determinants of health for Aboriginal and Torres Strait Islander people, which overall will help to lead to better health outcomes and to close that gap.”

Language revival

The CATSINaM conference theme ‘Back to the Fire’ may be expressed as ‘Milaythina tunapri patrula’ (Country understands/knows fire) in palawa kani, said Theresa Sainty, a Pakana woman and palawa kani language speaker.

‘I did not grow up speaking my language, and nor did my mother, or her mother, or her mother – in fact, nobody in my community has grown up speaking their language,’ said Sainty, who is a Senior Indigenous Scholar at the University of Tasmania.
Now, Sainty texts her daughter in language.

Sainty has been a part of a dedicated team – led by the Tasmanian Aboriginal Centre – who have worked tirelessly over the past 30 years to revive the “sleeping language” of lutruwita.

Palawa kani – which translates as ‘Tasmanian Aboriginal people talk/speak’ in English – has been retrieved by drawing upon the records of white people, who made note of some Aboriginal words and place names, names of people and tribes as told to them by Aboriginal guides and interpreters, and on community memory.

“Our people have memory of language and so maybe it’s single words, or phrases or parts of songs,” she said. “It’s a mix of looking at the journals of white people and the memory of our community.”

Sainty described the revival of the palawa kani language as “another piece in the puzzle” in rebuilding a culture devastated by colonisation.

“Language is a part of our heritage, it’s a part of our identity and our culture an all that has come before,” she said. “It is so important to the health and wellbeing of our community as individuals, as families, and as a collective community.”

Sainty added, however, that people did not need to speak language to be authentic within themselves and to know who they are and their culture.

“Even though we didn’t grow up speaking language, we grew up knowing who we are, where we are from, where our ancestral homelands are and aspects of our culture that have continued uninterrupted,” she said. “Unfortunately, language wasn’t one of those aspects.”

Reviving language puts another piece of the puzzle back together, she said.

“We weren’t allowed to speak language and we were discouraged from practising culture. That’s what the victors do when they invade; that’s colonisation,” she said. “But we were able to put some of those pieces back together and fill in the gaps. Language was one of the gaps, but it isn’t any longer.”

Theresa Sainty Palawa Kani
Language Speaker “retrieving a sleeping language”
You can track Croakey’s coverage of the Conference [here](#).

**CATSINaM** 🍀@CATSINaM ⏱️42m
CATSINaM ‘Back to the Fire’ Nipaluna Presenter Theresa Sainty sharing stories of Pakana Women, their resilience and strength. Honouring ancestor Pularlipana taken by sealers to Tayaritja (islands in the bass strait).

#CATSINAM #BackToTheFire #croakey #languagerevival #CNCS21

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Unfortunately this was the fate of many of our women, just as their men. Some might think that their stories, strength and resilience were simply stories of our culture and history. This is not the case. These women were victims of violence, of dispossession, and of trauma.

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I am proud to say that I grew from a line of strong women, who were not afraid to stand up for what they believed in. They were defenders of their culture and traditions, and they paved the way for others who followed in their footsteps.

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@LynneGela @AliDrummond4 @TamaraJPower

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Theresa Sainty shares "word history" for "Nipaluna" Palawa Kani translation for Hobart 🟣

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Strong messages for health and healing #BackToTheFire
Connection crucial

Kristy Cooper, a nurse practitioner and Palawa woman, was part of the Aboriginal Leadership Panel at the conference. The panel discussed the importance of amplifying First Nation's voices and creating culturally safe workplaces to increase workforce retention and rates.

Speaking to Croakey, Cooper said she welcomed the opportunity to participate in a forum in which there was “safety to have our identity expressed and acknowledged in the ways in which we aspire to sustain”.

Cooper added that this was particularly the case in Tasmania, where there the ongoing existence of Aboriginal people had been denied.

“It’s not uncommon in healthcare systems and processes to not acknowledge the ongoing existence of Aboriginal people, so we do have a lot of work to do in having our contributions to nursing and midwifery recognised,” said Cooper, who has recently returned to her home Country, after spending 12 years studying and working interstate.

She said there was continuing work needed to advance practice approaches that were more aligned with cultural aspirations, challenging health care providers to be more culturally aware and responsive.

For example, she said, group-based, outdoor therapies may be preferred to the conventional healthcare practices in the Western biomedical framework.

“More group-based, outdoor therapy has the potential to gain social connection but also to sustain cultural practices and knowledge systems,” Cooper told Croakey.

Cooper said this was an exciting time to be a Palawa nurse practitioner.

“There is a strong sense among Palawa/Pakana nurses and midwives working in Tasmania that this is a powerful time in history to come together and reclaim our identities in this space,” she said.

“We can also learn from other nations and continue to build on CATSINaM’s several decades of work and thinking about how we embody these culturally sound ways of practising that can lead to better quality and safety in health care provision.”

A Palawa mother’s story

For Bronwyn Dillon, the experience of having her son born at just under 24 weeks’ gestation brought into sharp focus the critical importance of cultural connection.

Dillon, a Palawa woman and cultural practitioner, said an infection in her placenta resulted in an early labour and her son, Ochre-Rain, being born at just 700g. He spent the first 120 days of his life in the Neonatal Intensive Care Unit.
“I look back at this time in our lives and often wonder how we got through it,” she told Croakey. “The answer always comes back to community support and ancestor guidance.”

Dillon – who was scheduled to speak at the CATSINaM conference but had to withdraw due to illness – told Croakey that connection to culture was ‘everything’ as she and her partner AJ (Anthony King) negotiated this challenging experience.

“We spent as much time as we could lighting fires and connecting with our old people through the smoke,” she said. “We would try not to wear shoes when we could, so we were in touch with our Mother Earth.”

**Outpouring of support**

An “absolute outpouring of community support from individuals and organisations” helped to sustain the family through this difficult time.

This included the Karadi Aboriginal Corporation, which “went above and beyond” and bought Christmas presents for the couple’s other children, and dropped off healthy snacks and drinks to the hospital.

Cultural gifts were left at the family’s home and funds to support the family through this time were raised.

“A community artist auctioned off a beautiful painting raising money for us. [It was sold] on the provision that the painting is to be gifted back to Ochre-Rain on his 18th birthday,” Dillon said.

“The person who bought it agreed. This thought, and provision, was so touching to us and filled us with hope that he would have an 18th birthday.”

While Dillon said no Aboriginal and Torres Strait Islander nurses or midwives were involved in Ochre-Rain’s intensive care, the hospital staff were open and accepting of the family’s culture.

“Breastfeeding, for example. I was ready to feed him straight away. And I pushed and pushed to get him out as early as possible to feed him,” Dillon said. “They were absolutely amazing, respecting my cultural need to feed and connect to my baby.”

Still, Dillon said, she was disappointed when she had to shift her care from the Aboriginal Health Services to the public system when her pregnancy became high risk.

“I hated going from having my community look after me and my pregnancy to having to go the public system for high-risk pregnancy. They don’t know us. And they don’t know Aboriginal culture. You can train them as much as you like but we are still just patients, not their community,” Dillon said. “We need blackfullas in there. Blackfullas looking after blackfullas.”

For this reason, Dillon said, having a strong Aboriginal and Torres Strait Islander health workforce is “not just important, it’s paramount”.

Ochre-Rain is now an energetic two-year-old who weighs 14kg.

“He has now caught up and even exceeded some of his milestone,” Dillon said. “He is the most loving, caring, kindest child and he is so loved, not just by us but by his whole community.”

Ochre-Rain’s father AJ conducted the Closing Smoking Ceremony for the conference.
Tuala said it had been fascinating to see the different approaches to smoking ceremonies as the CATSINaM conference series moves around the country.

“They used black peppermint, white peppermint and dogwood for the medicinal and healing properties, it was just incredible.”

Tuala wrapped up the conference with a note of thanks: “On behalf of the CATSINaM board, we thank the Tasmanian Aboriginal community for having us on Country and for sharing with us their culture and their stories.”
From Twitter

The CATSINaM Team are excited to be here at Nipaluna ahead of the ‘Back to the Fire’ Conference, on beautiful Palawa Country.

#CATSINaM #CNCS21 #BacktoTheFire #Strength&UnityThroughCaring #Lutruwita #Croakey

Strong messages for health and healing #BackToTheFire

Opening address Prof. West ‘Back to The Fire’ in Nipaluna, acknowledging Country and thanking Traditional Custodians for welcoming CATSINaM to Lutruwita.

#CATSINaM #BackToTheFire #CNCS21 #Lutruwita #Croakey @IgniteGeila @RahenneWest

You can track Croakey’s coverage of the Conference here.
CATSINaM ‘Back to the Fire’ Nipaluna, statements from members....Cultural safety and awareness needs to be reflective of the First Nations Traditional Custodians where it is delivered.

#CATSINaM #CNCS21 #BackToTheFire @LynoreGeia @RoianneWest

CATSINaM ‘Back to the Fire’ Presenter Donna Burns, Deputy CEO The Healing Foundation announces The Healing Foundation will be launching National Campaign ‘Make Healing Happen’ on the 2nd June 2021.

#CATSINaM #BackToTheFire #CNCS21 @HealingOurWay @RoianneWest @LynoreGeia

Prof. Yvette Rowe, video message discusses The Molly Wardaguga Research Centre, named in honour of Burarra Elder & midwife. Returning birthing services to Indigenous communities and Indigenous control.

#CATSINaM #CNCS21 #BirthingCountry #BackToTheFire

CATSINaM President Marni Tuala.....A National solution is needed for Midwifery insurance limitations.... First Nations Midwives need to be working to their full scope in our AACHO sector.

@MarniTuala #CATSINaM #BirthingCountry #CNCS21 #Closethegap #croakey #BackToTheFire

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Strong messages for health and healing #BackToTheFire

CATSINaM Back to the Fire Prof. West.... Leadership pathways for our mob in Nursing and Midwifery are crucial.

@RoianneWett @CroakeyAust

#CATSINaM #BackToTheFire #CNCS21 #StrengthsUnsungThroughCaring

Donna Burns, Deputy CEO discusses the importance of clinicians being trauma aware and healing informed...every warm interaction matters.

#CATSINaM #CNCS21 #BackToTheFire #StrengthsUnsungThroughCaring @HealingOurWay @RoianneWest

Examples of trauma-informed and trauma-aware service model.

- establishing practice and its principles,
- engaging with clients,
- adapting culture and connectedness to cultural values and practice,
- using a holistic, individual and participatory approach in their healing,
- using trauma informed clinical care and
- supporting safe relationship building to promote healing.

CATSINaM Back to the Fire’ Nipaluna, Donna Burns CEO Healing Foundation...Language is integral to healing.

#CATSINaM #Healing #CNCS21 #BackToTheFire @RoianneWest @HealingOurWay

First Nations Midwife Mel Briggs video message... Director of Birjalsani a First Nations Midwifery led model of care... Created by Mel to break down insurance barriers preventing inpatient care holistic care by AACHO employed Midwives.

#CATSINaM #CNCS21 #BirthingCountry

3rd @LynoreGeia @Aust_midw @acn_tweet @MidwiferyCM @NurseMidBoard Aust @nmac

“Racism against Aboriginal and Torres Strait Islander Nurses and Midwives including students has no place in Nursing and Midwifery in Australia”.

Croakey “Conference News Service”
Photo gallery
Croakey acknowledges and thanks David Nardoo and CATSINaM for these photos below.

Uncle Doug Mansell

Dr Tanya Schramm
Strong messages for health and healing #BackToTheFire

You can track Croakey’s coverage of the Conference here.

Professor Roianne West and Kristy Cooper

Professor Roianne West and Professor Fiona Stoker
You can track Croakey’s coverage of the Conference here.

Strong messages for health and healing

#BackToTheFire

Marni Tuala

Ceremony
You can track Croakey’s coverage of the Conference here.

Strong messages for health and healing #BackToTheFire

Ceremony with the #BackToTheFire coolamon
Truth-telling, culture and connections

Introduction by Croakey: Delegates to the latest event in the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) national conference series experienced the importance of cultural governance and leadership, reports Linda Doherty for the Croakey Conference News Service.

The coolamon travelling between the 10 cities and regional centres hosting CATSINaM conference events under the theme #BackToTheFire was hosted by the Bunurong Boon Wurrung and Wurundjeri Woi Wurring Peoples in Naarm (Melbourne).

The next generation of nurses and midwives was celebrated during the conference at the inaugural Victorian First Nations Nurses and Midwives Graduation Ceremony.

Aboriginal and Torres Strait Islander peoples are advised this article contains the name of a person who has passed away.
Linda Doherty writes:

Truth-telling was an important focus of #BackToTheFire in Naarm (Melbourne), starting with the Welcome to Country by Sue-Anne Hunter, a Commissioner for the newly established Yoo-rrook Justice Commission, which will investigate historical and ongoing injustices committed against Aboriginal Victorians since colonisation.

Yoo-rrook, the Wemba Wemba/Wamba Wamba word for truth, is Australia’s first truth-telling body and will inform Treaty negotiations with the Victorian Government.

Hunter, of the Wurundjeri and Ngurai illum wurung peoples, is a leader in trauma and healing practices and told ABC Radio the Commission would ensure that “culture is used as a protective factor for our mob telling their story”.

Social and emotional expertise

Speaking on the day before National Sorry Day, Associate Professor Catherine Chamberlain told the conference that midwives and nurses played a critical role in building up social and emotional expertise in healthcare systems to close the gap in the continuing removal of Aboriginal and Torres Strait Islander babies.

“As midwives we’ve been doing this for millennia, supporting parents through the transition to parenthood. We’ve always had sophisticated systems of mentoring and training, combined with emotional expertise and wisdom,” Chamberlain, a member of the Trawlwoolway people, told Croakey.

She said a new model of care, like a “wise council” was urgently needed to support at-risk pregnant mothers and their families. This multidisciplinary team, including midwives and Indigenous community members, would make decisions collectively and provide cultural, practical and socio-emotional support.

“The problem is the system, not the people,” Chamberlain said. “Most Aboriginal parents are doing a fantastic job but we do have this compounding intergenerational trauma that is impacting a higher number of our parents and they need a more therapeutic model of care.”
“Increasing numbers of Aboriginal babies are being removed after birth. We’re supposed to be closing the gap to reduce the number of children being removed to out-of-home care by 45 percent by 2031 but the gap is actually increasing”.

“We can care for babies that are born weighing less than a pound of butter, we can deal with all sorts of medical complexity but when it comes to social and emotional complexity it’s put in the too-hard basket and referred out to child protection services, which do not have the expertise to deal with this high level of complexity.”

Chamberlain is a midwife, nurse and Associate Professor and NHMRC Career Development Fellow at the Judith Lumley Centre at La Trobe University. In February Chamberlain and concerned colleagues established ‘SAFeST Start: Supporting Aboriginal and Torres Strait Islander Families to Stay Together from the Start’ to raise awareness of the “catastrophic” impact on children and families and to lobby for the enshrinement of the Secretariat of National Aboriginal and Islander Child Care’s (SNAICC) child placement principles.

“Midwives have a really important role under the child placement principles, in particular with ‘prevention’ and ‘participation’. All parents should have access to community-led, culturally responsive, trauma-integrated care,” Chamberlain said.

A new report by the Australian Institute of Health and Welfare said there were 18,862 Aboriginal and Torres Strait Islander children in out-of-home care at June 2020, 11 times the rate for non-Indigenous children. One in five Indigenous children removed from their parents is aged under 12 months, Chamberlain said.

Child protection risk assessment guidelines were driving increased notifications from health services. These include pregnant women who had prior contact with child protection services as a child or adult, mental health concerns, substance abuse, family violence and homelessness.

“There’s no transparency; this is all happening in the shadows and these notifications act as a barrier to people asking for help. If somebody’s homeless, that’s not a reason to take their child from them; it’s a reason to give them a home,” Chamberlain said.
Cultural wellbeing

For almost a decade Aboriginal women living on Wadawurring Country have been planting their babies’ placentas in a tranquility garden that has become a special sanctuary.

Former Koorie Maternity Services midwife Mandy Miller and Aboriginal health worker Renee Owens conceived the garden after they met Indigenous women from Gove on Cape York who had to travel hundreds of kilometres to Darwin to birth their babies but brought the placentas back home to connect their children with their culture and country.

The Women’s Tranquility Garden at Wathaurong Aboriginal Cooperative in Geelong took a few years to gain approval but during that time Miller, a non-Aboriginal midwife, and Owens, a Yorta Yorta and Taungurung woman, stored the individually labelled placentas in a freezer. By the time the first planting occurred in 2011 there were 40 placentas.

Miller, who is now a midwife at Geelong Hospital, discussed the placenta garden at the CATSINaM conference. She said it was a peaceful and respected place that was also used by women just wanting a quiet moment, and sometimes for counselling.

“It feels special when you walk in there. Birds nest in there and sometimes there’s blue-tongue lizards,” she told Croakey. “People know that many placentas are buried in there, and they take pride in that.”

Owens, now a program manager, Aboriginal health for Barwon Health, related the story of the garden opening to Monash University Professor Karen Adams, who edited a research paper called The Wathaurong Aboriginal Cooperative Placenta Garden and Ceremony: Cultural Revival for Wellbeing.

The paper recounts:

“At the first ceremony all the mums, the little people, their nanas, aunties and dear friends were invited to attend. All the mums had the names on the placentas that were wrapped in paper.

We called each of them forward one at a time and they placed their placentas in the earth, the bubbas all got special certificates. Afterwards, we all joined in some morning tea together and had a good old chinwag.”

Owens said the garden gave “a sense of culture and identity and belonging for the kids that were born in this community”. It was also a way of providing a permanent connection to Country in a region with a high transient population, many survivors of the Stolen Generations and large numbers of children in out-of-home care.

The garden connects families and the community. The placentas of siblings and cousins lie side by side and Miller said it was an important part of the healing process for some families who had lost premature or stillbirth babies.

More than 180 placentas have been planted since 2011, usually within days of birth. The ceremony revolves around the deciduous ‘birth tree’ planted when the garden was first developed to symbolise how lives are always changing, and includes a welcome to the baby:

“The placenta we are planting today has nourished and grown this beautiful bubba and now it will nourish our birth tree. We would like to welcome baby to the Wathaurong community. Our hopes and dreams for baby is to grow up healthy and strong and well connected to Country and Culture.”
Going back to our roots

The conference theme “Back to the Fire” resonates deeply with Uncle David ‘Tarnda’ Copley, Chair of CATSINaM’s Elders Advisory Council, established by the Board of CATSINaM in July last year.

“Back to the Fire means we’re going back to our roots to stay connected with our cultural framework in a world that’s more technologically advanced,” he said.

The Elders Council advises the Board and CEO Professor Roianne West on fulfilling their responsibilities to CATSINaM members on matters relating to cultural governance and leadership.

Copley, who chaired the Elders and Leaders Panel at the conference, said the Elders Council was committed to supporting Aboriginal and Torres Strait Islander nursing and midwifery students who were “the leaders of the future” and, in particular providing cultural support to improve their retention through university.

Copley said he remembered 20 years ago at the original incarnation of CATSINaM, the conference could fit “the entire membership in the one room”. The Indigenous nursing and midwife workforce now sits at around 5,500 people.

“But it’s not just about numbers; it’s about [university] retention and putting infrastructure in place so there are welcoming spaces and support staff with appropriate training,” he said.

Copley, a descendant of the Kaurna and Peramangku peoples, is the Indigenous Academic Advisor at La Trobe University’s Rural Health faculty. He said barriers to student completion at university included racism, pressure from families, being homesick, a lack of community and cultural connection, and infrastructure such as accommodation and internet access.
“These students are often the first in their families to finish school and go to university and there can be pressure initially to come home and help the family, and then when they’re close to finishing there can be the expectation and pressure of ‘so you’re going to be famous’, ” he said.

**Cultural safety and anti-racism**

But once students are at university, what are they actually learning about cultural safety and anti-racism?

That was the question posed at the conference in a presentation by Wiradjuri woman Professor Karen Adams, Director of the Gukwonderuk Faculty of Medicine Nursing and Health Sciences Indigenous Engagement Unit at Monash University.

Adams told Croakey her work in educational research in Indigenous health across all education settings – schools, tertiary education and workplace professional development – was a relatively new field and “the more we dig, the more complex we find the area”.

“When we look at how we are doing, what are students actually learning about cultural safety and anti-racism, and is it making any difference, it certainly seems like we’re not having great inroads at the moment,” she said.

Research was showing that students taught about cultural safety improved their knowledge and skills in the short-term but not in the long-term, because there was no sequential link to cultural safety as they transitioned into their profession.

Anti-racism educational research, largely from the United States, was showing the lack of coordination between what was taught at university and in clinical settings made it “very hard for students to keep that progression going, because what you’re teaching in the classroom is not what they’re seeing in the work environment”.

Adams recommended the approach taken by American writer Ibram X. Kendi in *How to be an Antiracist* because “if everyone’s not on the same page then you make very little impact”.

“People need constant reinforcement and that’s the same about learning anything, like handwashing for example. If it’s not reinforced then the knowledge drops off and people don’t do it. It’s the same with cultural safety and anti-racism if it’s not reinforced in workplaces.”
Partnership for Justice in Health

Far too many lives of Aboriginal and Torres Strait Islander peoples have been cut short by racism, Lowitja Institute CEO Dr Janine Mohamed told the conference.

“We hear a lot — though still not enough — about Aboriginal deaths in custody, but not enough about the harm caused by racism in the health system,” she said, noting that mainstream health services were still often not safe or welcoming for Indigenous Australians.

Mohamed said the Partnership for Justice in Health, which she co-chairs with Karl Briscoe, was formed after the preventable death of Naomi Williams, a 27-year-old Wiradjuri woman, who was 22 weeks’ pregnant with her son when she died of septicaemia at Tumut Hospital in 2016. A coronial inquiry found she went to hospital at least 18 times in the months before she passed away without receiving a referral to an expert.

The Partnership is an alliance of self-determining Aboriginal and Torres Strait Islander academics, legal experts, and national peak health and justice organisations, including CATSINaM, working to improve Indigenous health and justice outcomes by eliminating racism.

The Lowitja Institute recently launched a new discussion paper on Race, Racism and the Australian Health System, written by Associate Professor Chelsea Watego, Dr David Singh and Dr Alissa Macoun.

“It makes the point that time is not on our side; that our people are dying at the hands of the state in numbers that should shame,” Mohamed said.

“And that 30 years after the Royal Commission into Aboriginal Deaths in Custody the health and justice systems that are meant to protect and keep our people safe are failing.”

Disclaimer: Linda Doherty does casual speechwriting for the Lowitja Institute and contributed to Dr Mohamed’s CATSINaM Naarm speech.
You can track Croakey's coverage of the Conference here.

From Twitter

CATSiNaM @CATSiNaM - May 26
Professor West CATSiNaM CEO deliver messages from Ngunawal, Yindiirrini, Larrakia, Kaurma, mwunhina People @annf_federal @nph_tweet @MidwivesACM @NACCHOAustralia @lynoreGeise @aboriginalnurs @TSINursesAU @NursingNow2020 @lowitja @healthgovau #backtothefire #catsinanm #CNCS21

CATSiNaM @CATSiNaM - May 26
CATSiNaM Nursing and Midwifery Students share both their Nursing, Midwifery and Cultural Journeys 🧵
#backtothefire #oncs21 #catsinanm #unityandstrengthincaring #reconciliationweek21 @lynoreGeise @NACCHOAustralia

CATSiNaM @CATSiNaM - May 26
Congratulations to our Inaugural 2021 CATSiNaM First Nations Nursing and Midwifery Graduates Naarm (Melbourne) Victoria 🧵 @VicHealth @VACCHO_org @VAHS1872 @lynoreGeise @MonashHealth @latrobe @monash_rm @SantVincentMA

CATSiNaM @CATSiNaM - May 26
Naarm (Melbourne) Bunurung Boon Wurrung and Wurundjeri Inaugural 2021 CATSiNaM National Conference Series Metropolitan Aboriginal Land Council @DJIRI Djiri Wurundjeri women’s dance group 🧵

Lynore K. Geise @lynoreGeise - May 25
Brother Trevor Tim promoting the power of Blak Media in amplifying Blak Voice, Use It! @CATSiNaM

Truth-telling, culture and connections #BackToTheFire
Professor Roianne West

Dr Karen Martin

Croakey "Conference News Service"
You can track Croakey’s coverage of the Conference here.

Tanja Hirvonen

CATSINaM @CATSINaM - May 25
Tanya Hirvonen Jaru and Bunaba People, Healing Foundation delivering on Trauma Aware Healing Informed (TAHI). @HealingOurWay @NursingNow2020 @Lowitjainstitut @NACCHOAustralia backtothefire cncc #catsinam #unityandstrengththroughcaring

Dr Janine Mohamed

Lowitja Institute @Lowitjainstitut - May 25
“I attended my first CATSINaM conference 20 years ago and met the CATSINaM CEO @RoianneWest” - @JanineMlera
Dr Lynore Geia

CATSiNaM @CATSiNaM - May 26

CATSiNaM calls for a National Apology from N & M Leaders for the role N & M have played and continue to play in the forcible removal of children from their families and communities!

CATSiNaM @CATSiNaM - May 26

Unapologetically political! @anmf @ACMHN @healthgovau @NACCHOAustralia @NDAAustralia @ACMHN @acn_tweet @lynoreGeia @Tamara_Dower @TSNunionau @drjswet_le @fam_matters_au @jcu @Griffth_Health @NTV @BBM987

Lynore K. Geia @LynoreGeia - May 25

There's a beautiful quiet space, a healing space set up by the Healing Foundation, TY @HealingOurWay for @CATSiNaM Conference delegates to use. Sometimes we need to take time to refresh, & breathe. Every conference should have a healing space.

Banok Rind @banoky - May 25

Tweeting live from the @CATSiNaM #BackToTheFire Naarm conference in my deadly shirt with the beautiful logo 🥰❤️

You can order them online on the @CATSiNaM website 🌐
You can track Croakey's coverage of the Conference here.

#BackToTheFire

**Truth-telling, culture and connections**

#BackToTheFire

**Croakey**

"Conference News Service"
Photo gallery

Croakey acknowledges and thanks CATSINaM and photographer Michael Torres, Jalaru Photography, for the opportunity to publish these photographs of conference delegates and presenters.
You can track Croakey’s coverage of the Conference here.

#BackToTheFire

Truth-telling, culture and connections
You can track Croakey’s coverage of the Conference here.
Hopes for nursing and midwifery apology to Indigenous people after long silence

Introduction by Dr Tess Ryan: Addressing racism and taking human rights-based approaches are fundamental to improving the health and wellbeing of Aboriginal and Torres Strait Islander people, and all health professions and organisations have a responsibility to step up.

These issues have been centre stage throughout the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) #BackToTheFire national conference series.

Also on the conference agenda have been critical national issues for Aboriginal and Torres Strait Islander nursing and midwifery, including growing the workforce, and the COVID-19 vaccination rollout to Aboriginal and Torres Strait Islander people.
At the conference, nursing and midwifery professions were urged, again, to respond to calls for truth telling and a national apology for the harm their professions have caused to Aboriginal and Torres Strait Islander patients, nurses and midwives through racism and culturally unsafe practices.

Marie McInerney writes:

Aboriginal and Torres Strait Islander health leaders are hopeful that longstanding calls for a national apology from Australian nursing and midwifery leaders for the impact of historic and ongoing racism may finally get momentum.

Professor Karen Strickland, newly appointed chair of the Council of Deans of Nursing and Midwifery Schools (Australia and New Zealand), has backed the need for an apology and committed to placing racism and cultural safety in Aboriginal and Torres Strait Islander healthcare on the peak body’s strategic agenda.

Strickland’s support, just weeks after she took up the role, came at the Western Australian Forum of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) #BackToTheFire conference series.

CATSINaM CEO Dr Roianne West, who in 2021 co-authored an editorial in the Australian Journal of Advanced Nursing on the need to decolonise nursing and midwifery research and education, said it was a “welcomed and timely commitment”.

“What she exemplified is the shared responsibility, and what we really want is non-Indigenous leadership stepping up,” West told Croakey.

In 2017, CATSINaM, then headed by Dr Janine Mohamed, called on the profession to follow the lead of the Australian Psychological Society, which apologised for psychology’s role in colonising practices that have had caused trauma and harm for Aboriginal and Torres Strait Islander people.

The Australian Nursing and Midwifery Federation (ANMF) said at the time it was considering the call but CATSINaM has not heard back since.

Earlier in 2021, on National Sorry Day and at an earlier #BackToTheFire event, CATSINaM repeated the call for an apology, given the role of nurses and midwives in the forcible removal of Aboriginal and Torres Strait Islander children from their families and communities.

It followed a presentation by Associate Professor Cath Chamberlain on the “catastrophic” impact of ever increasing rates of removing Aboriginal and Torres Strait Islander children from family.
Mohamed, now CEO of the Lowitja Institute, also welcomed news of Strickland’s support, saying she had not heard back on any progress from the Council of Deans or the ANMF.

“Like the Uluru Statement, when things go unresponded to, that silence does a lot of harm,” she said.

Mohamed said she had “understood and respected” that people in the profession may have wanted to make sure that an apology was not empty symbolism, “that they want to do something deeper than that”.

But she said, “the momentum has to be with them, not with us”, adding that it would be a shame to stall the ground breaking work that had been done in nursing and midwifery, embedding cultural safety into codes of conduct and curriculum accreditation standards.

West said CATSINaM would next year mark its 25th anniversary, after being founded to address racism within nursing and within the healthcare system.

“An apology at this time opens the way for a future based on mutual respect, mutual responsibility and shared decision making,” she said.

Asked about the ANMF’s position, Lori-Anne Sharp, assistant federal secretary, told Croakey an apology was an important issue for nursing and midwifery in Australia to address, but “regrettably our work on it has been disrupted, particularly by COVID in the past two years”.

“It’s good to be reminded that it should be high on our agenda, so we can get moving on a process of consulting with our members and branches,” she said.

The Australian College of Nurses said it was unable to comment in time for publication of this article.

Time to heal the profession

The CATSINaM WA Forum heard a powerful presentation from Bwgcolman nursing leader Dr Lynore Geia, who said it was the responsibility of every nurse and midwife to “recognise, confront and challenge racism”, to practise safe care, and to deeply reflect on the culture of the profession.

Geia in 2020 led a unified call to action to Australian nurses and midwives in the wake of the death of George Floyd and the eruption of #BlackLivesMatter protests across the globe.
Published in *Contemporary Nurse*, the call to action was signed by more than 100 Indigenous and non-Indigenous nursing and midwifery leaders, including two members of the Council of Deans.

It is time for nursing and midwifery in Australia to “metaphorically take to one knee”, as many sporting teams do, to acknowledge and challenge racism in its midst, the paper says.

“Now is the time for Indigenous and non-Indigenous nurses and midwives to make a stand together, for justice and equity in our teaching, learning and practice,” Geia told the CATSINaM conference.

Currently on sabbatical from her role as Academic Lead – Aboriginal and Torres Strait Islander Health at James Cook University, she urged non-Indigenous nurses and midwives to stand up and help “dismantle the old systems of oppression and build new systems of therapeutic health justice”.

“It is time to heal our profession,” she said.

The conference heard through multiple presentations and discussions how ongoing racism and culturally unsafe education and practices in the profession not only impact on health outcomes for Aboriginal and Torres Strait Islander people but also the Aboriginal and Torres Strait Islander nursing and midwifery workforce and students.

Geia’s speech prompted one of the WA participants to share what it is like for her as the “only Aboriginal nurse on my ward”, and how she deals with the hurt and distress caused by patients and colleagues.
The nurse’s experience was a “clear example” of the need to acknowledge the colonial roots of the nursing and midwifery professions and “that racism still exists in the professions”, said Strickland who was attending from hotel quarantine in Perth on her way to take up her new role as Executive Dean of the School of Nursing and Midwifery at the Edith Cowan University.

Asked by Roianne West to respond to Geia’s presentation, Strickland said she was conscious that the Council of Deans strategic plan was currently silent on how to address the issues raised by the call to action.

“I’ll be taking carriage of that going forward, to make sure the future Strategic Plan of the Council of Deans does address the issues laid out so well in the paper,” she said.

That would include working to increase the number of Aboriginal and Torres Strait Islander nursing and midwifery students who complete their studies, increasing the number of Indigenous faculty numbers, and developing a pathway for future Aboriginal and Torres Strait Islander Deans of Nursing and Midwifery, she said.

Currently 750 Aboriginal and Torres Strait Islander students commence nursing and midwifery each year, but only around 250-300 graduate, a completion rate that is 30 percent lower than for non-Indigenous students and rising only one percent per year, CATSINaM says.

Speaking later to Croakey, Strickland, who moved to Australia four years ago from Scotland, also raised her support for a national apology from the profession, saying she was unsure what was delaying progress on CATSINaM’s call “because to me it seems like a no brainer”.

“There has been harm done and harm that has continued to happen, and we are supposed to be a caring profession, so I’m not sure what is holding us back,” she said.

Strickland met with the CDNM Executive Committee on Friday and said she has “their full support in taking this forward”.

Geia also welcomed Strickland’s commitment, saying the growing support for the issues raised in the call to action paper indicated that nursing and midwifery had matured enough to “start looking at our own house”, to examine what has happened and continues to happen, and to apologise for “wrongs committed and harms inflicted from the profession”.

Geia said she would like to see a formal process involved in an apology, that worked with Aboriginal and Torres Strait Islander nurses and midwives, but also engaged with communities and heard from them about their experiences, in a process which is both cathartic and healing.

She predicted it may be tough, recalling the backlash and misleading media reports when cultural safety was introduced in 2018 to codes of conduct for nurses and midwives, and will be an uncomfortable space for both Indigenous and non-Indigenous nursing and midwifery professionals.

“Because it’s going to take a lot of self reflection, a lot of looking at our history of nursing in Australia, looking at some of those oppressive practices that have happened, reflecting on that, and how it reflects on us as a profession,” she told Croakey.

“It won’t be a smooth journey, it will have a lot of ups and downs in it, but it’s a good journey to take,” she said, adding that the timing was right but keeping up the momentum would require “work and will”.

Hopes for nursing and midwifery apology to Indigenous people after long silence #BackToTheFire
Addressing COVID and workforce risks

Dr Roianne West is a Kalkadunga and Djaku-nde woman hailing from her grandmother’s ancestral lands near Mount Isa. She told the conference that her twin daughters had become the fifth generation of her family working in healthcare.

“This is more than a job for us, it’s a legacy,” she said.

Photo by Dave Nardoo

Dr Tess Ryan
@TessRyan1

This week @CATSINaM held the remainder of their #BackToTheFire conferences which were a great testament to what Aboriginal & Torres Strait Islander orgs can do, even during a global pandemic. Short thread to follow @CroakeyNews @IndigenousX @LowitjaInstitut

@WestRoiann discussed her vision for the future of mob who visit hlth services - "My vision is for my children and grandchildren to not be at risk when they go to hospital or choose to study nursing. Nursing and midwifery professions have unique opportunity ahead."
Soon after her appointment to head CATSINaM, West’s team launched the #BackToTheFire conference series, so it could get out to all states and territories “to engage, reconnect and mobilise local members to address local issues” and to connect to its founding members.

Disrupted by the Delta COVID-19 outbreaks after five conferences (on Yirrganydji and Yidinji Country in Cairns, Larrakia Country in Darwin on Larrakia land, Kaurna Country in Adelaide, in nipaluna/Hobart and Bunurong Boon Wurrung and Wurundjeri Woi Wurring lands in Naarm (Melbourne), its final three events — for WA, New South Wales, and the ACT — were held online.

West opened each of the online events with a “moment of silence” for founding members and other Aboriginal and Torres Strait Islander nurses and midwives who have died in recent times, as well as for community members lost from COVID-19 in the Delta outbreak.

Amid concerns about low vaccination rates in some Aboriginal and Torres Strait Islander communities as Australia opens up, West told Croakey the Federal Government had yet to respond to a CATSINaM proposal for a targeted strategy to engage the Aboriginal and Torres Strait Islander nursing workforce in the vaccination rollout.

This “would have gone a long way to addressing some of the trust issues of the Aboriginal and Torres Strait Islander communities in Australia’s healthcare system and the COVID response”, she said.

“CATSINaM put forward a proposal identifying specifically how many Aboriginal and Torres Strait Islander nurses were within close vicinity of the high-risk communities and potentially could be deployed to carry out vaccine clinics,” she said.

The Federal Health Department told Croakey the proposal from CATSINaM was “currently under consideration within the Department”.

Workforce has been a big issue for the conference series. Despite calls over decades for an eight-fold increase in the number of Aboriginal and Torres Strait Islander nurses and midwives, West told the conference there was “a long way to go”.

The landmark 2002 ‘gettin em n keepin em’ report had aimed to boost the number of Aboriginal and Torres Strait Islander nurses and midwives to population parity levels – three percent of the total workforce.

Yet they still make up just over one percent.

Preliminary results from a 20-year follow-up and evaluation of the report will be released in January, after having had significant buy-in from nursing and midwifery academic leadership, including 37 out of the 39 Deans of Nursing and Midwifery.

West said the evaluation will shift focus from “operational” to the “systemic and structural” issues underlying persistent workforce concerns.

The role of Indigenous knowledge was critical in addressing inequities in First Nations health, West said, but “Indigenous knowledge in nursing is not possible without Indigenous nurses”.

See this Twitter thread from #BackToTheFire forums by Dr Tess Ryan.

Further reading: ‘Let’s talk about racism’, article featuring Dr Roianne West in the Australian Nursery and Midwifery Journal’s latest edition.
You can track Croakey's coverage of the Conference here.

Deep cultural connections were forged by #BackToTheFire across Australia on Larrakia, Kaurna lands, nipa/nulna/Hobart lutruwita/Tasmania/, and on Naarm/Melbourne just as lockdowns disrupted…..

"Non-Indigenous nurses and midwives have a responsibility to stand with their Indigenous colleagues in dismantling oppressive practices in the health system." @LynoreGeia #BackToTheFire

Dismantling the structures of racism requires the head and the heart, knowledge, strength, humility, "for us to deeply care", a "deep measure of grace for ourselves and others", privileging the voices of the Black people, says @LynoreGeia #BackToTheFire

The @CATSINaM #BackToTheFire Conference will be virtual from the ACT today. Follow @CroakeyNews @CATSINaM & #BackToTheFire for tweets on the presentations. The last two days have been terrific! Check out the # sometime today or over the next few days.

Moment of silence for loss of two founding @CATSINaM members and concern for risks in Aboriginal and Torres Strait Islander communities with low vaccination rates as Australia opens up #BackToTheFire

She urges deep listening for what's been happening in Australia, of the movement Black voices that are rising, and white voices that are standing with Black voices. Listen to "the heart of the Black nation that is crying out for justice". #BackToTheFire
Need to ensure cultural safety in graduates, address the lack of cultural capability in practice, mobilise the cultural determinants of health in education and research, actively politicise to improve #SDOH & make cultural determinants central to health care.

#BackToTheFire

We should apologise for what happened before and look to the future for a new social contract, practising cultural humility as non-Indigenous nurses & midwives: @HollyNortham #BackToTheFire

What is cultural humility?

“A lifelong commitment to self-evaluation and critique, to redressing power imbalances in the patient-physician dynamic and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations (Tervalon and Murray-Garcia, 1998, p.123)” or

“to say that they do not know when they truly do not know” (p.119)

Why as non-Indigenous nurses and midwives do we need to apologise...now...a just culture? A new social contract

So many have talked about the crisis in Indigenous health - non-Indigenous nursing and midwifery professions have opportunity to really take action as allies, says @WestRoianne #BackToTheFire

CATSINaM Leadership in Cultural Safety.

- Establishing a Cultural Safety Framework (ie. national consistency and rigour in definitions, knowledge, concepts that then inform the policies, standards etc.)
- BOTH clinical safety AND Cultural Safety (clinical skills + Cultural Safety)
- Cultural Humility model:
  - Relational and Contextual (as different to “step wise/developmental”)
  - Aligning with Benner’s stages of clinical competence (ie. competent, proficient, expert)
  - Insight – Hindsight – Foresight (role & profession focused, workplace – organization/systems level more so than practice focused)

Thankyou Roianne & team! Amazing & Inspiring speakers & discussion. As CATSINaM long term member and mature Nurse ( not old) I thankyou for embracing positive reflection, change & Cultural Safe Nursing workforce into the future. Wow!@CroakeyNews

Fantastic conference today #BacktotheFire @CATSINaM what a wonderful vision there is for supporting Aboriginal and Torres Strait Islander nurses and midwives. We all have a role to play #racismstopswithme
Ongoing acts of resistance in research and care for mothers and babies

Introduction by Croakey: The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) #BackToTheFire national conference series went “back to where it all began” recently, with its New South Wales event marking CATSINaM’s origins in Sydney nearly 25 years ago.

The online event heard calls for the decolonisation of research and about the power of Birthing on Country to give children the best start in life, with a big focus on addressing ongoing harms from the prison and health systems for women and their families.

Marie McInerney writes:

Once a fortnight the Minga Gudjaga (Mother and Baby) team at the Waminda South Coast Women's Health and Welfare Aboriginal Corporation come together in Nowra, on the south coast of New South Wales, on the lands of the Yuin Nation and its peoples.

The multidisciplinary team that includes midwives, GPs, social workers, drug and alcohol counsellors and mental health workers focus on each of the women they are supporting through pregnancy at Waminda.
But unlike mainstream health service approaches that focus on risks and deficits ahead of a birth, they look at the strengths that each woman brings to a range of issues that might be affecting them, from drug and alcohol use to family violence and past involvement with child protection.

“We ask: ‘What is she good at? What is she strong at? What is she deadly at?’,” says Melanie Briggs, a Dharawal and Gumbaynggirr woman, midwife and director at Waminda, who is leading the service’s Birthing on Country program.

The fortnightly group known as EMBA (Empowering Mothers and Babies Autonomy) not only seeks to “identify the woman’s strengths straight up” but sees the issues through the lens of colonisation, to see how structural and systemic racism have come into play for women and families and where the system’s often automatic response is to remove babies from their families.

It’s among a range of wrap-around-supports and protective interventions offered at Waminda, which is home to one of three major Birthing on Country initiatives in Australia that are seeing better clinical and cultural outcomes for Aboriginal and Torres Strait Islander mothers and babies.

As well as privileging Aboriginal and Torres Strait Islander people’s knowledges of pregnancy, childbirth and early parenting, Birthing on Country understands that care is much broader than just labour and delivery, that it deals also with “socio-cultural and spiritual risk”, often caused by racism or failures to respect cultural needs within the health system.

“The system blames the woman, and we’re trying to reverse that,” says Briggs, who describes Waminda’s work as engaging in “purposeful acts of resistance” to raise the health and wellbeing – physical, mental and spiritual – of the women and families in its care.
Safe passage

Briggs was a keynote speaker at this month’s Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) #BackToTheFire conference in New South Wales – an event which itself showcased ongoing acts of resistance and activism.

That included a powerful Welcome to Country from Dharawal and Gumbaynggirr woman Rowena Welsh, who traces back through her maternal grandmother to the Timbrey family of La Perouse, who were present when Captain Cook and later Captain Arthur Phillip dropped anchor.

“I’m very proud that I come from an unbroken line of Aboriginal people, born here in Sydney, despite being one of the first places impacted by colonisation and invasion,” Welsh told delegates.

Her family were fishermen and shell workers, who continue to live on Country, practise culture, fish in traditional waters “and pass on our cultural knowledge”, she said.

Welsh talked about the protocol of the Welcome to Country, traditionally done to “welcome and acknowledge other mobs travelling through Country for marriage ceremonies or other purposes”.

It was to ensure that “whilst you were on Country, you had a safe passage, and you were able to utilise the abundance of waters, medicines and foods that were on that Country,” she said, honouring the strength and resilience of those attending #BackToTheFire.

The NSW event was originally planned to be staged face-to-face in Sydney on Gadigal land and to be particularly special for the #BackToTheFire national conference series.

“We were going back to where it all began,” said CEO Dr Roianne West, recalling when 42 Aboriginal and Torres Strait Islander nurses came together in Sydney in 1997 to form CATSINaM.
That celebration will now happen next year with a national conference planned to mark the 25th anniversary of CATSINaM’s founding, but the online NSW event was still able to honour its origins, welcoming four founding members for the day’s discussions.

The birth of the organisation was “a life changing experience” for Aboriginal and Torres Strait Islander nurses and midwives, according to Aunty Dulcie Flower, a Miri woman of the Meriam Nation from the Torres Strait Islands, a founding member of the Redfern Aboriginal Medical Service and later of CATSINaM.

“The few of us (that there were then) struggled, we had no support, sometimes it was thought that we were ‘reaching above our station in life’,” she said of those days when Aboriginal and Torres Strait Islander women were finally permitted to enter mainstream nursing.

“We had to convince patients, administration, fellow nurses that we were just as capable and were oh so keen to succeed,” she said, admitting that was made even more difficult given they were mostly given “the back end of jobs”.

Since then, she said, Aboriginal and Torres Strait Islander nurses and midwives have made such gains”, adding that she was “blown away” attending the conference to be able to see the numbers now working in nursing and midwifery, and also in leadership roles in research and universities.

**Taught to listen**

Among them is fellow founding CATSINaM member Professor Juanita Sherwood, who has Wiradjuri, Murri, Maori and Anglo-Celtic lineages, and is Pro Vice-Chancellor of Indigenous Engagement at Charles Sturt University in NSW, based in Wagga Wagga.

Inspired by Maori nurse and scholar Dr Irihapeti Ramsden, Sherwood is widely credited with the uptake of Indigenous-centred research and decolonising methods in Australia and recognition of colonisation as a primary determinant of Indigenous health, West said.
In her keynote address, Sherwood said the subjugation of Western research – “on us, about us, without us” – meant that research had become “one of the dirtiest words” in First Nations’ vocabularies.

Only in the past 10-15 years has that power begun to shift, leading to monumental changes, she said – “we’re influencing health systems” and reminding people that “we do hold power here”.

What makes research led by First Nations important is that “we do it in ways that work for our community”, she said. It takes longer than Western models of research, but “our methods are safer, (and) our focus is about relationships and being accountable to community”.

Sherwood said she had witnessed many Aboriginal and Torres Strait Islander people trying to tell their stories but not being heard by non-Indigenous researchers who were too busy “trying to think of the next question”.

“We’ve been taught to listen, we’ve always been sharing through story so listening and being respectful in that space is a critical part of our methodology,” she said.
Sherwood talked about the importance of the researcher not assuming they know everything, to be humble, to recognise that “you’re being gifted knowledge”, that it takes time to reflect on knowledge, and to understand that research is not a one-off transaction but part of building a relationship.

And she warned that research that seeks objectivity by maintaining distance “violates Aboriginal ethics of reciprocal relationship”.

“Don’t say ‘I’m being objective’ because that’s not the way we do business,” she said, urging researchers to shift their approach from ‘the coloniser and the colonised’ – “to a more balanced relationship between the knowledge seeker and the knowledge holder expert”.

**Colonisation of incarceration**

Sherwood told the conference about a research project she was part of some years ago called SCREAM – **Social and cultural resilience and emotional wellbeing of mothers in prison**.

Its findings are critical with Aboriginal and Torres Strait Islander people continuing “to be colonised in the justice system” with Indigenous women the fastest growing prison population, incarcerated at rates 20 times that of non-Indigenous women. Most play important roles for their extended families, with 80 percent of women in prison having children aged under 18, she said.

“When you put a mother in prison, you disadvantage a whole extended family,” Sherwood told the conference, recalling visits to prison for the project when she had seen women crying on phones, trying to find out where their children had been taken.

“Days and days and days of women, devastated, trying to find out what the system had done with their children, the most devastating impact of being inside,” she said.
Sherwood’s message on the research process for that project was the importance of establishing a First Nations advisory group “right from the beginning” and for Indigenous-centred methodologies that could produce work that “prioritises, rather than pathologises, Indigenous standpoints”.

It was also critical for researchers to build relationships with Aboriginal community controlled organisations like Waminda, which had played such an important role in the lives of many of the prisoners involved in the SCREAM project, she said.

**Birthing on Country as healing**

Sherwood has also worked with Waminda and other services across Australia on **Birthing on Country** principles and initiatives that are seen as critical to Close the Gap priorities for children and families.

With other leading researchers, Sherwood and Melanie Briggs last year reported on yarning workshops conducted with women in Waminda’s region.

Briggs told Croakey that mainstream health services and agencies “always talk about clinical risks” for Aboriginal and Torres Strait Islander women and babies, but what they miss is the “risk to our culture” and the importance of community led and cultural programs that “circle around the woman”, providing holistic spiritual, cultural and physical support.

When the research team went to women in the community and asked “what risk does the system pose for us?”, they heard terrible stories of fear, trauma and being judged, she said.

“Racism, first and foremost. Women scared to go to the hospital because they’ll be reported to (child protection). The lack of ability to have family on site, while we’re giving birth to our next generation, not being able to have our Elders there to witness it.”
Their stories and concerns were echoed at the conference by CATSINaM founding member Aunty Lynda Holden, who revealed she was taken from her own family because they lived on a riverbank.

“We were healthy, we went to school....but they took us”, she said, highlighting the direct role of nursing and midwifery at the time and in ongoing unjust removals of children from their families.

“The nurses, as soon as mothers come in with a problem, get in touch with child protection authorities…it’s the nurses who are doing it,” she said.

Waminda’s work has led to the establishment of a cultural and clinical governance committee and a proposal now for a $24 million Gudjaga Gunyahlamai Birth Centre and Community Hub, which its business case says would be a “landmark innovation of national and international significance”.

In December, a special celebration will take place. Waminda’s team will take 51 new bubs who were born in the region through the lockdown months out on Country, together with their families and communities.

“It’s a big day,” Briggs says of the regular event. “We all come together, we yarn and we sing and do ceremony, do beautiful photos of the babies and the mums, it’s a lovely grounding day.”

“Being able to practise culture is a big strength for us.”

You can read a Twitter thread on the presentations at #BackToTheFire by Professor Sherwood and Melanie Briggs.
You can track Croakey’s coverage of the Conference here.

Ongoing acts of resistance in research and care for mothers and babies #BackToTheFire

Photo supplied by Waminda
Surrounded by culture in nursing and midwifery education

Introduction by Croakey: Increasing the number of Aboriginal and Torres Strait Islander nurses and midwives is critical to improving the health of Aboriginal and Torres Strait Islander people, yet efforts over more than 20 years are still to make significant inroads. However, a small, award-winning Aboriginal and Torres Strait Islander training provider in Perth is showing the way, amid other hopes for change in nursing and midwifery courses and curriculum showcased at the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) #BackToTheFire conference event for Western Australia.

Marie McInerney writes:

“Eat the frog” is the unique staff motto at the award-winning Marr Mooditj in Perth, one of just three organisations across Australia to provide dedicated healthcare training solely for Aboriginal and Torres Strait Islander students.
The motto is about how staff make sure they are providing wrap-around support to students from across Western Australia, in a way that goes beyond the time and focus given by most other training organisations, explains Marr Mooditj CEO Margaret Quartermaine.

It means that any staff member who runs into a student who needs help is expected to step up.

“You don’t handball it, you ask what the need is, you ask yourself if you’re capable of helping or, later, if you’ve exhausted all your own resources, [then you can ask if] you need someone else to weigh in,” Quartermaine said.

“You eat the frog!”, she told Croakey.

Quartermaine laughs that she is not sure where the phrase came from originally, but says it works for Marr Mooditj – meaning ‘in good hands’ in Noongar language – which offers courses for 120 Aboriginal and Torres Strait Islander students each year in primary health care, mental health, aged care, counselling, nursing and hospitality.

The organisation’s work was showcased at the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) #BackToTheFire conference event for Western Australia, which had a strong focus on workforce issues and the need for culturally safe education and training for Indigenous nurses and midwives.

Quartermaine said Marr Mooditj has grown over four decades from a small program designed in 1983 by former nurse Emeritus Professor Joan Winch, “a very strong spirited Aboriginal woman” who built the organisation to put Aboriginal health in Aboriginal hands.

“She was appalled by the systemic racism within the health care system, which she challenged and changed a lot, I believe, along with some other Aboriginal nurses in those early days as well,” Quartermaine said. “She was all about equality, equity and equal rights for Aboriginal people, particularly to access education”.

Surrounded by culture in nursing and midwifery education

#BackToTheFire
And Quartermaine, who was mentored by Winch and took over her leadership role there 20 years ago, could not be prouder of Marr Mooditj’s approach, which won early acclaim including the prestigious Sasakawa Award for Primary Health Care Work from the World Health Organization in 1987.

Success stories

Marr Mooditj’s students come from many different backgrounds, ages and places, from the Kimberley to the Goldfields and beyond. Many come as school leavers, but others are parents who come back to nursing once their children grow up.

Their support needs are also diverse – their cohort might include a student living in a refuge because of family violence or others who have had intersections with the justice system, are struggling financially or with their studies because of illness in the family, or who need support with literacy and numeracy, Quartermaine said.

Staff also bring wide-ranging experience. After the #BackToTheFire event, Quartermaine spoke with Croakey, sharing some of her own history.

One of 11 siblings whose parents were among the Stolen Generations, the former nurse knows what it is like to experience homelessness and live with family violence.

“I’ve experienced the hardships, I think when you come from a place like that, you can appreciate when others are going through similar things,” she said, wishing that an education environment like Marr Mooditj had been available in her time.

Asked what makes it special, Quartermaine said the organisation supports its students, first and foremost, to take control of their own health and wellbeing – “physically, mentally, spiritually, and socially, holistically – before you can even actually go out to take care of others”. It also focuses on encouraging leadership.

“We’re about role modelling best practice and good behaviour,” she said.

“When I say good behaviour, I don’t mean ‘be all nicey, nicey’, I’m talking about being truthful, having integrity, turning up on time, developing genuine connections with each other, respectfully, and to learn together.”
Marr Mooditj now graduates about 25 Aboriginal and Torres Strait Islander nurses each year. All are guaranteed employment, Quartermaine said, due to recognition of their strong training and expertise, and relationships built within the WA health system.

Marr Mooditj also measures its success through the impact of its students’ work, with many in management positions, while others have transformed their own lives in order to graduate. “You can’t put a funding price on that,” she said.

Quartermaine hopes Marr Mooditj can work more in future on supporting enrolled nurses to transition to registered nursing and into more leadership roles, saying tertiary education can be far more daunting for students, with universities often arguing ‘they’re in higher education now, so they shouldn’t need the same support’.

“But for our mob, it’s not about ability – they’ve got that, it’s about their confidence. Our mob are capable, I think what they just miss along the way is encouragement, mentorship and leadership,” she said.

Adam Burdekin, 22, is among this year’s Marr Mooditj graduates in nursing. He told the #BackToTheFire event that he has done a number of training programs in community services and child care – but nothing has matched doing his Diploma of Nursing this year while “surrounded by my culture” at Marr Mooditj.

“Here, no matter your gender or your age, you are able to be brought together by the culture itself, I have never felt as close to [fellow] students as I have at Marr Mooditj,” Burdekin said. “Here, everyone is family...brothers, sisters, uncles, aunties.”

“Regardless of whether I go on to university, I don’t think anywhere else I’ll be able to find anything like the amount of support I’ve found here,” he said.

That includes everything from accommodation support for regional and remote students through to having Marr Mooditj staff “watch us like hawks when we go on placement” to make sure the students feel safe and confident, he said.

"I hadn’t (in previous places) been able to call other students family, but here everyone is family. Makes us as students feel safe and supported.” Adam Burdekin, on studying with Marr Mooditj #BackToTheFire
Critical role of nurses, midwives

The cultural strength and unique support that Marr Mooditj provides students like Burdekin make for stronger students, who will then have a much greater likelihood of succeeding in their ambitions to work in health, CATSINaM CEO Roianne West said.

That’s vital for Aboriginal and Torres Strait Islander health in WA, where currently Aboriginal and Torres Strait Islander nurses and midwives make up less than one per cent of the state’s nursing and midwifery workforce, she told the event.

Of broader national concern, still only 1.3 percent of Australian nurses and midwives currently identify as Aboriginal and/or Torres Strait Islander, despite making up more than three percent of the population.

That’s despite the efforts of the 2002 Gettin’ ‘em ‘n keepin’ em report, due to be updated early next year, which said marked improvements in Indigenous health can be achieved through culturally appropriate recruitment, retention and support strategies to increase the involvement of Indigenous peoples in education programs and health care delivery.

Some of the issues driving those gaps were also highlighted at the conference by Pat Turner, CEO of the National Aboriginal Community Controlled Health Organisation (NACCHO), who acknowledged the role of nurses and midwives in meeting key Close the Gap targets like increasing the proportion of babies with a healthy birthweight.

“Our Aboriginal and Torres Strait Islander nurses and midwives are often the first people to address the healing journey for our people,” she said.

However, she acknowledged the toll on the Indigenous health workforce of “cultural isolation, cultural load and a lack of cultural safety in some settings due to racism”, and the need for everyone to keep working to create and sustain structural change.
ACCHOs came into being because of inability of mainstream services to engage with Aboriginal and Torres Strait Islander people. They are "more than health services, they put Aboriginal health in Aboriginal hands": Pat Turner #BackToTheFire

"There is a clear preference from Aboriginal and Torres Strait Islander people to access community controlled services.... They will bypass mainstream services for the cultural safety they can find in ACCHOs." Pat Turner #BackToTheFire

Pat Turner believes Aboriginal and Torres Strait Islander people/health professionals are on precipice of a national reform agenda in Australia. "Together we are changing the way Australian Governments work with our people." #BackToTheFire @NACCHOAustralia

West told the conference that the under-supply of Aboriginal and Torres Strait Islander nurses and midwives “is and has been a persistent and long-term problem in Australia” that challenges hospitals and health services, as well as in academic settings, including nursing and midwifery schools, to improve cultural safety and Aboriginal health care.

Aboriginal and Torres Strait Islander nursing and midwifery students are still 30 percent less likely than non-Indigenous students to complete nursing and midwifery programs and Aboriginal and Torres Strait Islander people make up only 170 of the nation’s 9,000-plus nurse educators, she said.
CATSINaM is calling for an eight-fold increase in the number of Aboriginal and Torres Strait Islander nurses, saying their numbers should not only reflect population parity but also that Aboriginal and Torres Strait Islander people experience twice the burden of disease.

Currently around 750 Aboriginal and Torres Strait Islander students start nursing and midwifery each year, and around 250-300 graduate, a completion rate that is only rising one percent per year, she said.

“We seem to be getting much better at attracting Indigenous students into nursing courses; however, our retention and completion rates are problematic, resulting in minimal traction in the goal of increasing our Indigenous nursing workforce,” West said.

In a sharp message to schools of nursing and midwifery, West said that a seminal publication, *In Our Own Right: Black Australian Nurses’ Stories*, is “both confronting and an authentic representation of the experience of being an Aboriginal and Torres Strait Islander nurse in this country”.

It “absolutely needs to be built into your teaching”, she said.

**Whole of school approach**

West welcomed the “perseverance and commitment” shown by Edith Cowan University’s School of Nursing and Midwifery, in a whole of school approach being led by its Inclusivity Committee which reports to the school’s executive, curriculum and learning committees.

Among its members is Aggie Caracciolo, the school’s Aboriginal and Torres Strait Islander Student Ambassador, a registered nurse who is currently working on her PhD about the successful transition of Aboriginal and Torres Strait Islander nurses into the workforce, drawing on collaborative yarning methodology.
Associate Professor Beverley Ewens, Associate Dean Undergraduate, delivered a presentation to the conference on the Inclusivity Committee’s work (see slides below).

She said it is driven by evidence that the recruitment and retention of Aboriginal and Torres Strait Islander nurses and midwives is “key to the delivery of culturally appropriate care and improved health outcomes for Aboriginal and Torres Strait Islander people who are still disproportionately represented in higher education”.

Ewens said increasing Aboriginal and Torres Strait Islander staff numbers at universities was important, as was the need for decolonising approaches to curricula development, listening to students and moving away from a “normalisation” of higher attrition levels, lower enrolment and success rates among Aboriginal and Torres Strait Islander students.
Ewens said the Aboriginal and Torres Strait Islander participation in post-secondary studies is much lower than that of non-Indigenous students — an issue for settler colonial countries across the world, and for mostly similar reasons.

One of those is “cultural effacement and alienation”, compounded by economic disadvantage — a culture shock that does not happen in a vacuum, but is caused by lots of different contexts, in particular political, historical and cultural, she said.

“It’s very important that within our universities we build Indigenous cultural sovereignty and combine Indigenous and Western epistemology and sciences and implement culturally sensitive pedagogues in collaboration with Indigenous communities,” she said.

See these Twitter threads from the WA #BackToTheFire event:

**Thread 1**: featuring opening discussions, Welcome to Country, Pat Turner (NACCHO CEO), Dr Lynore Geia, and Adam Burdekin

**Thread 2**: featuring presentations from Edith Cowan University and CATSINaM CEO Dr Roianne West.

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Hearing now from @LeeonaWest (twin sister of @WestRoianel) about @CATSINaM scholarships, including one in honour of Aunty Grace Kong (mum of @KelvinKongENT & (more twins!) Marlene Kong and @drmarilynclarke #BackToTheFire

CATSINaM Scholarships 2022

**Royal Flying Doctor** 3rd year remote Clinical Placement Scholarship

**Integrity Health and Safety** - First Aid, Cardio-Pulmonary Resuscitation (CPR) as vaccination training, upskilling and employment opportunities for Indigenous nurses to provide vaccinations in regional and rural communities.

**Northern Territory (NT) Primary Health Care (PHN) Network** – remote placement

Aunty Grace Kong – Women’s and Sexual Health Scholarship
@strictlykaren (Chair, Council of Deans) congratulates @WestRoianne for setting @CATSINaM on a visionary path to strengthen Aboriginal and Torres Strait Islander nurses/midwives: "It's a really exciting time to be starting to work with you more closely on this." #BackToTheFire

Heading to the end of today's @CATSINaM #BackToTheFire WA event and hearing re the design of the new logo

That's a wrap! But we'll be back tomorrow from #BackToTheFire in the ACT.....Hope you can join.
Introduction by Croakey: The #BackToTheFire conference series hosted by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) across Australia during 2021 finished where its spark was first lit, in Canberra on Ngunnawal and Ngambri Country.

The final event heard timely calls for restorative healthcare with a focus on family and community to help address high rates of removal of Aboriginal and Torres Strait Islander children from their families, child and adult incarceration, and the health impacts of intergenerational trauma and dispossession.

The calls come amid warnings from the 2021 Family Matters report that the already devastatingly high number of Aboriginal and Torres Strait Islander children in out-of-home care could rise by more than 50 percent this decade.

Marie McInerney writes:

On Ngunnawal Country in Canberra, Elders have been working to strengthen the cultural connections of community members who have been grappling with stresses and health concerns.

Aunty Roslyn Brown is a founding member of the United Ngunnawal Elders Council, who have worked over many years to establish the Ngunnawal Bush Healing Farm, a place of healing for community members managing with alcohol, drugs, mental health or other issues.
An important part of its work is “to instil culture back into those who have lost culture or strengthen culture in those who still know about it”, she told the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) #BackToTheFire ACT event.

“I think all people need to belong,” she said.

The Elders are guided by the **United Ngunnawal Elders Charter**, which Brown gifted to CATSINaM, inviting Aboriginal and Torres Strait Islander nurses and midwives to join a “journey of healing”.

The Charter declares:

- **“It takes courage to do work for the greater good.”**
- **We need to learn how to solve problems, include not isolate, to listen with our hearts and speak from our souls. In being courageous, we are a direct link back to the Dream time. This is the essence of Aboriginality, as is our relationship to land.”**

Brown is Elder in Residence at the University of Canberra, where she is strongly involved in research and cultural safety issues, supporting Aboriginal and Torres Strait Islander students and in helping to reawaken the Ngunnawal language.

She presented at the #BackToTheFire event with Dr Holly Northam, head of nursing at the University of Canberra, and a founding member of Muliyan, a collaboration of researchers and practitioners led by CATSINaM that aims to decolonise health, particularly nursing and midwifery.
Urging a new social contract in healthcare — Ngura, a Ngunnawal word meaning ‘a place of belonging’, they talked about the work on **restorative health practices** to give voice, accountability and healing for Aboriginal and Torres Strait Islander families and communities in health services, putting family and community at the heart of healing.

The aim of Ngura is to present a vision of reconciliation in action so non-Indigenous Australians can act on the **National Apology** and build trusting relationships between Indigenous and non-Indigenous Australians.

Critically, they said, these approaches to ‘just relationships’ can address high rates of removal of Aboriginal and Torres Strait Islander children from their families, child and adult incarceration, and the health impacts of intergenerational trauma and dispossession that contribute to equity gaps.

**Child removal**

The removal of children from their families is a significant concern in the ACT now, as well as nationally.

While Commonwealth, state and territory governments are committed to Closing the Gap targets to reduce the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 percent by 2031, a new report this week projects that, without urgent action, their numbers will instead rise by 54 percent in that timeline.

The **Family Matters Report 2021** found that Aboriginal and Torres Strait Islander children continue to be separated from their families, communities and cultures “at devastatingly high rates” — 21,523 are in out-of-home care – one in every 16, “making our children 10 times more likely to be in out-of-home care than non-Indigenous children”, it said.

Releasing the report, Family Matters Co-Chair Paul Gray, a Wiradjuri man and Associate Professor at the Jumbunna Institute for Indigenous Education and Research, UTS, said there had been no shortage of commitments from governments, “but not nearly enough action”.

Recent changes in child protection measures had been framed as solutions but only entrenched many of the problems children and families face, he said.

Northam told the CATSINaM conference that rising rates of child removal have intergenerational impacts on health and wellbeing and raise critical issues for the role of nurses and midwifery.
She outlined the growing crisis in the ACT, where child protection placements have risen over the past decade by 87 percent for Aboriginal and Torres Strait Islander children, who are 16 times more likely than non-Indigenous children to be removed from family.

Yet, she said, there are very low levels of investment in prevention, despite the success of pilot programs. She warned that a health system that does not provide culturally safe services for pregnant women and their families is “actually creating harm”.

“These are critical problems because we all know from the social determinants of health that early childhood is the greatest predictor of the future health of a person,” she said.

“We need to look forward to a new social contract so that everyone can feel as though they have a sense of belonging when they come to a hospital and in need of healthcare – if they’re pregnant, that they can feel safe, which is actually about belonging,” Northam said.

**Focus on family, community**

Northam and Brown told the event about their 2017 visit, with other Ngunnawal Elders and University of Canberra researchers, to the Whanganui District Health Board in Aotearoa New Zealand.

It was part of their investigations into restorative healthcare, which, they said, “places respectful relationships at the heart of every interaction” and is grounded in beliefs about the equality, dignity and potential of all people and about just structures and systems.

> “Restorative Practice is a philosophy, in action, that places respectful relationships at the heart of every interaction. This relational approach is grounded in beliefs about the equality, dignity and potential of all people and about just structures and systems that enable people to thrive and succeed together.”

Northam said a major lesson from Te Hau Ranga Ora Māori health services team was the focus on family, “where the health of an individual is only as good as the health of their whole family”.

That contrasts with the Australian mainstream health context that talks about person-centred approaches, autonomy and the individual, “but we forget about the family, which is so often where the care sits”, she said.

Northam said nurses and midwives also should be thinking and working on Aboriginal and Torres Strait Islander holistic understandings of health, a whole-of-life view focused on the social, emotional and cultural wellbeing of the whole community.

“We should be seeing healthy communities as being central to us having healthy people who come in seeking help from us as nurses and midwives,” she said.

With Northam and others, Brown guided a recent cardiac rehabilitation program — ‘Yeddung Gauar’, Ngunnawal for ‘Good Heart’, which looked to make a non-Indigenous service space culturally safer for Aboriginal and Torres Strait Islander women, part of a strategy to recognise and reduce institutional racism and its contribution to poor healthcare outcomes for Indigenous people.

Their paper talks about restorative healthcare as being also about “hearing vulnerable voices, acknowledging past harms, recognising and respecting culture, and applying ideas of cultural and academic reciprocity”.

A journey of healing and belonging 💙 #BackToTheFire
It also critiques its own methodology, warning against traditional colonised and hierarchical approaches to research and health systems that do not take fully into account the cultural connection to Country, and respect and leadership power that Elders hold in their community.

**Need for accountability**

From her non-Indigenous perspective, Northam urged acknowledgement of the harm, suffering and pain inflicted knowingly and unknowingly by non-Indigenous nurses, midwives, and institutions on Aboriginal and Torres Strait Islander people in the past and present.

**Restorative approaches to**

- **Acknowledge the harm**, suffering and pain inflicted knowingly and unknowingly by non-Indigenous nurses and midwives and the institutions that regulated them on Aboriginal and Torres Strait Islander peoples in the past and at present.
- **Truthfully describe the role of nurses and midwives** in dehumanising and harmful practices and approaches and describe the power dynamics that caused past, present and future harms across the generational flow.

“As nurses and midwives, we are all accountable,” she said, backing CATSINaM’s calls for an **apology** and encouraging non-Indigenous nurses and midwives to keep “front of mind” the unified #BlackLivesMatter **call to action** led by Bwgcolman nursing leader Dr Lynore Geia last year.

Reinforcing CATSINaM’s #BackToTheFire focus on place, Northam also urged nurses and midwives to connect at the local level with the history and trauma of Aboriginal and Torres Strait Islander peoples in their communities and care, highlighting a recent **article** on “the importance of local history for nurses”.

The researchers, who include CATSINaM founding member Professor Aunty Kerrie Doyle, say nurses are of course better able to understand their patients if, for example, they know the local community has been through droughts, floods, or earthquakes in the past.

“Similarly, being familiar with local history is equally important for nurses who work with communities who have been historically subjected to racial or political oppression, such as Aboriginal Austnalis,” they wrote.

They also highlight the need for the profession to know that nurses commonly worked in and supported segregated hospital care for Aboriginal and Torres Strait Islander people and that many were “enthusiastic agents” of government policy on removals of children from family.

**Leadership and Eldership**

The COVID-19 pandemic may have forced CATSINaM’s final three #BackToTheFire events online, but Dr Roianne West found resonance in how the journey ended.

“Canberra was back where we started #BackToTheFire,” West said, reflecting on how the ambitious place-based national events were set in motion by the gift of a coolamon and a blessing from Ngunnawal Elder Auntie Matilda House near the Tent Embassy in Canberra in late 2020.
“We were always adamant about getting back to our roots — not only of the organisation, but of our culture, and Indigenous knowledge, leadership and Eldership,” West told Croakey after the online ACT event ended.

Across the country, as the tweets at the bottom of this post show, #BackToTheFire events have paid deep respects to Traditional Owners on Yirrganydji and Yidinji Country in Cairns, Larrakia land in Darwin, Kaurna Country in Adelaide, in nipaluna/Hobart and Melbourne/Naarm, before meeting online for the remaining events in New South Wales, Western Australia and the ACT.

West said the events also showcased and celebrated the cultural authority and depth brought to its discussions from founding CATSInaM members — Dulcie Flower, Lynda Holden, Jane Jones, Kerrie Doyle, Dr Lynore Geia, and Professor Juanita Sherwood, who came together in Sydney in 1997 to create the organisation.

![Screenshot of Aunty Matilda House](image)

### Dismantle the social contract

#BackToTheFire has focused strongly on place at each of its events, as well as on big structural and systemic issues, including workforce, improving the standard of Aboriginal health education and cultural safety training in nursing and midwifery schools, and addressing racism in health care.

In the closing session of the event, West revisited her address to the University of Sydney to mark the [2021 International Day of the World’s Indigenous Peoples](https://www.un.org/en/sections/day-worlds-indigenous-peoples/) and its call for a new social contract across the globe, aimed at “Leaving No-one Behind”.

West talked about the importance of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) — which Australia, and fellow settler/colonial states Canada, New Zealand and the United States refused initially to ratify, and questioned to what extent its principles have been taken up by the World Health Organization and the International Council of Nurses.
Accepting it would not happen overnight or perhaps in her lifetime, she also issued a call to action to nursing and midwifery in Australia, “for us dismantling and re-mantling the nursing and midwifery social contracts based on the United Nations Declaration on the Rights of Indigenous Peoples, inclusive of Aboriginal and Torres Strait Islander voices”.

“My vision for my grandchildren and their children is that they are not at risk when they visit a hospital or when they undertake a Bachelor of Nursing or Midwifery and to uphold the legacy left for me by my grandmother and mother,” she said.

“It was also for Aboriginal and Torres Strait Islander safety in education to be given the same level of consideration that has been given to all other areas of nursing and midwifery education, and that it occurs because the profession recognises it as a priority and aligns policy education and practice accordingly,” she said.
Aunty Dulcie Flower gives powerful reflection on #BackToTheFire - "All First Nations people recognise us as leaders, this country doesn’t. We always had our standards high: you had to, to survive".

See these Twitter threads from the #BackToTheFire ACT event:

**Thread 1**: Welcome, Pat Turner (NACCHO), Aunty Roslyn Brown, Dr Holly Northam

**Thread 2**: Dr Lynore Geia, Dr Karen Martin, ACT Chief Nurse and Midwifery Officer Anthony Dombkins, Paul Spurr, Dr Roianne West

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“Let it torment you, let it wake you at 3am”

Dr Karen Martin, a Noonuccal woman from Minjerripah (North Stradbroke Island – South East Queensland) with connections to the Bidjara people (central Queensland), presented at multiple #BackToTheFire events on cultural safety.

She has been leading the development of CATSINaM’s Murra Mullangari cultural safety training to be launched in early 2022. Here is a snapshot from her final presentation.

"Our mob have been doing cultural safety for many years," says @WestRoianne, referring to development of Redfern AMS. Says @CATSINaM Murra Mullangari training, led by Dr Martin, will be "cutting edge, rigorous" #BackToTheFire
Clinical and cultural safety: has to be both - the cultural humility model is emerging, gifts us with insight/hindsight/foresight. "This can be exciting work, it's not a burden, it can be a blessing". Dr Martin #BackToTheFire

CATSINAh Leadership in Cultural Safety.
- Establishing a ‘Cultural Safety Framework’ (re: national consistency and rigor in definitions, knowledge, concepts that then inform the policies, standards etc.)
- BOTH clinical safety AND Cultural Safety (clinical skills + Cultural Safety)
- Cultural humility model:
  - Relational and Contextual (as different to ‘stop work’/developmental)
  - Aligned with humour’s stages of clinical competence (re: competent, proficient, expert)
  - Insight - Hindsight - Foresight (role & profession focused, workplace - organisation/systems level more so than practice focused)

Crocokey News
@CrocokeyNews

‘power’ ‘attitudes’ ‘safety’ and ‘trust’ - the takeaway key concepts from Dr Irirapeti Ramsden that is informing CATSINAh’s Murra Mullanogari cultural safety training, says Dr Karen Martin #BackToTheFire

Key Considerations.
- “The key objectives of Cultural Safety education...
- To educate student nurses and midwives not to blame the victims of historical process for their current plights.
- To educate student nurses and midwives to examine their own realities and the attitudes they bring to each new person they encounter in their practice.
- To educate student nurses and midwives to be open minded and flexible in their attitudes toward people who are different from themselves, to whom they offer and deliver services.” (p.123).

Crocokey News
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Beware of cherry picking on cultural safety, says Dr Karen Martin. Irirapeti Ramsden provided a cluster of key points, that cultural safety "about the nurse, not the patient". #BackToTheFire

Origins.
- Initially developed in relation to achieving the:
  - Safety of Māori training and practising as nurses
  - Safety of Māori as the recipients of care and treatment.
- Focus: nurse education (Novice, Entry to Practice levels).
- “No definitive definition” (1990).
- But...a cluster of key points:
  - "Cultural Safety is therefore about the nurse rather than the patient..."
  - "...for the consumer, Cultural Safety is a mechanism which allows the recipient of care to say whether or not the service is safe for them to approach and use" (2002, p.6).

Crocokey News
@CrocokeyNews

Education, health, law, child removal...power is the critical factor. "Some people take it for granted, that's where they benefit or are privileged...for others, sometimes we're tricked into believing that's the way it's supposed to be" Dr Martin #BackToTheFire

Key Considerations (cont'd).
- "Cultural Safety is about power relationships in all nursing and midwifery service delivery."
- "It is about the analysis of power and not the customs and habits of anybody."
- The culture of power: hierarchical, life chances, life choices, life styles, privilege, disadvantage, discrimination, racism.
- The culture of healthcare systems: the inherent power structures (the patient journey).
- The culture of nursing and midwifery: Power inherent in the role + assert + privilege + attitudes + safety (the patient experience).

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It wasn’t called ‘Maori Cultural Safety’ for a reason, says Dr Karen Martin - equally, Invasion Is not "Aboriginal history" #BackToTheFire

Crocokey News
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"Let it torment you, let it wake you at 3am". Dr Karen Martin on the power of Irirapeti Ramsden, documenting a Maori paradigm, not using the colonial discourse on cultural safety. "We would be totally remiss if we did not sit aside her work." #BackToTheFire

What’s Does This Mean?
- Go to the source (of the fire).
- Learn the genealogy.
- Acknowledge, honour, give respect.
- Understand the depth of the work.
- Dr Irirapeti Ramsden.
- Two sources:
You can track Croakey’s coverage of the Conference here.

#BackToTheFire journey

Phenomenal demonstration of sovereignty at the #BackToTheFire event on Yirrganydjji and Yidinji Country in Cairns, says @WestRoianne - delegates were granted visa of entry from the Sovereign Yidinji Government @CATSINaM (Uncle Henry Fourmile in pic with coolamon)

"We should have a lot more nurses....how do we 'get them in and keep them in" #BackToTheFire

"We are masters of our own world....it is not easy, it takes a lot of hard work. And I can do that." #BackToTheFire

A journey of healing and belonging

#BackToTheFire
You can track Croakey’s coverage of the Conference here.

#BackToTheFire A journey of healing and belonging

Next year @CATSINaM turns 25, planning national conference August 2022. Also, for first time ever, the 4 Aboriginal & Torres Strait Islander health workforce orgs @CATSINaM @AIDAAustralia @IAHA_National & @NAATSIHWP will gather together in Brisbane in Nov 2022 #BackToTheFire
You can track Croakey’s coverage of the Conference here.

Analytics

The #BackToTheFire Influencers

Top 10 Influential
- @CroakeyNews 110
- @CATSRM 90
- @LindieGeis 70
- @WestBeagle 61
- @shane_mcnally 58
- @CATHRM 41
- @CAJourno 85
- @TanyaCower 49
- @nordy 42
- @MelissaSweetDr 40

Prolific Tweeters
- @CroakeyNews 330
- @MelissaSweetDr 204
- @CroakeyNews 250
- @CATHRM 246
- @CATSRM 220
- @CATSRM 216
- @CATSRM 168
- @CATSRM 168
- @CATSRM 130
- @CATSRM 130

Highest Impressions
- @MelissaSweetDr 19M
- @CroakeyNews 16M
- @CroakeyNews 13M
- @CroakeyNews 12M
- @CroakeyNews 11M
- @CroakeyNews 10M
- @CroakeyNews 9M
- @CroakeyNews 8M
- @CroakeyNews 7M
- @CroakeyNews 6M

The Numbers

- 14.690M Impressions
- 1,245 Tweets
- 128 Mentions
- 2 Retweets
- 10 Likes

#BackToTheFire Participants

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Croakey Conference News Service

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