Introduction

Nursing Aboriginal and Torres Strait Islander peoples – why do we need this text?

Within the curriculum for students of nursing and midwifery, learning about the specific health needs of Australia's Aboriginal and Torres Strait Islander peoples is still in its infancy. Formal work in this area coincides with the shift from hospital-based training to tertiary education. However, the need for improved approaches to addressing the health needs of Indigenous Australians is not new. Practising Aboriginal and Torres Strait Islander nurses and people who work in the Aboriginal and Torres Strait Islander health sector have long recognised the critical need for improved health outcomes for Indigenous Australians. As far back as the 1940s, Aboriginal midwife Sister Muriel Stanley articulated the need for non-Indigenous nurses and midwives to learn about the health crisis facing Indigenous peoples.

As you will read in this chapter, the Australian Nursing and Midwifery Accreditation Council has made strong statements about the nursing and midwifery curriculum and content relevant to the health issues of Aboriginal and Torres Strait Islander people. Until now, no textbook has been available to support this learning for nursing and midwifery students.

This is the first Australian text for nursing and midwifery students entirely authored by Indigenous people and focusing on the health needs of Indigenous people. All but two of the authors are registered nurses, midwives or mental health nurses. Collectively we have more than 100 years of clinical practice.

We have waited a long time for a text like this, which provides practical information for student nurses and midwives about working with Aboriginal and Torres Strait Islander clients. We are excited about this text and respectful of the many Aboriginal and Torres Strait Islander nurses and midwives who have come before us. We honour their commitment to the education of nursing and midwifery students.

The Australian Nursing and Midwifery Accreditation Council

In order to be registered as a nurse/midwife in Australia, individuals must successfully complete a program accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and be approved by the Nursing and Midwifery Board of Australia (NMBA). These two peak bodies created the Registered Nurse Accreditation Standards, which were updated in 2012.

There are nine Registered Nurse Accreditation Standards, which all schools and departments of nursing and midwifery must meet within their curricular programs. Of these nine standards, four require the inclusion of teaching and learning about Indigenous health and cultural safety within the nursing curriculum. They state:

Standard 2: Curriculum conceptual framework
The program provider makes explicit and uses a contemporary conceptual framework for the nursing program of study that encompasses the educational philosophy underpinning design and delivery and the philosophical approach to professional nursing practice.

2.4 (i) Teaching and learning approaches that:
Promote emotional intelligence, communication, collaboration, cultural safety, ethical practice and leadership skills expected of registered nurses.

Standard 4: Program content
The program content delivered by the program provider comprehensively addresses the National Competency Standards for the Registered Nurse and incorporates Australian and international best practice perspectives on nursing as well as existing and emerging national and regional health priorities.

4.6 Inclusion of a discrete subject specifically addressing Aboriginal and Torres Strait Islander people's history, health, wellness and culture. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples are appropriately embedded into other subjects within the curriculum.

4. Standard 6: Students
The program provider's approach to attracting, enrolling, supporting and assessing students is underpinned by values of transparency, authenticity, equal opportunity and an appreciation of social and cultural diversity.

6.8 Aboriginal and Torres Strait Islander peoples are encouraged to enrol and a range of support needs are provided to those students

5. Standard 7: Resources
The program provider has adequate facilitates, equipment and teaching resources, as well as staff who are qualified, capable and sufficient in number, to enable students to attain the current national Competency Standards for the Registered Nurse.

7.4 Staff recruitment strategies:

a) are culturally inclusive and reflect population diversity
b) take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.

Gifting of the book's title: *Yatdjuligin*

The name *Yatdjuligin* was gifted to the authors to use as the title of this textbook by Aboriginal Elder Ivy Molly Booth, who is the grandmother of Odette Best.

Yatdjuligin is from the dialect of the Wakgun Clan group of the Gureng Gureng Nation. These clan lands are in the south-western part of the Gureng Gureng Nation in Queensland, and extend north of the Burnett River, west as far as Mundubbera, north to Eidsvold along the Dawes Range to Cania Gorge, then east to Miriamvale and Baffle Creek and south to Mt Perry and the Burnett River. These boundaries are in the stories and songlines of the Goreng Goreng Nation.

Yatdjuligin translates to 'talking in a good way'. For Wakgun people, the process of *Yatdjuligin* is deeply embedded in learning. It belongs to a two-part process in the traditional passing on of knowledge about Country, its resources and their uses. Wakgun people's traditional medicines (pharmacopoeia) knowledge is well established and continues to be widely practised.

Traditionally, *Djaparlagin* was the first step in the process of learning new knowledge. It means 'singing corroboree'. So, for traditional uses, *Djaparlagin* meant:

- Songlines – the essence of Indigenous people's birthright to sing knowledge
- Ceremony – Indigenous people's intimate connection with land and their right to utilise the traditional medicines
- Knowledge – including detailed knowledge of Country and the use of resources in making traditional medicines.

Djaparlagin also includes:

- Instructing – explaining the part of the resource to use
- Showing – demonstrating the physicality of making medicines
- Talking – explaining the making of traditional medicines, including providing and receiving feedback
- Mimicking – practising the skills and knowledge imparted.

This passing on of knowledge includes you, as student nurses, in your journey to become registered nurses/midwives. While the process of *Djaparlagin* is not linked to Aboriginal pharmacopeia as utilised by Wakgun people in the production of traditional medicines, it certainly involves the second component of *Djaparlagin*. As students you will undergo instruction in a range of skills vital to your work as registered nurses/midwives. You will be shown these skills, with explanations of why and how. You will participate in laboratory sessions, where you will mimic what you have learnt. Your process of learning links the theory you are taught to your practice.

This, then, leads to the second part of learning: to *Yatdjuligin*, 'talking in a good way'. It encompasses all aspects of *Djaparlagin* and, indeed, builds upon it. It brings

the threads together: when you have obtained the necessary internal knowledge, you put it into practice in a way that contextualises the knowledge.

Importantly, *Yatdjuligin* can be confronting. Passing on knowledge can sometimes be difficult, for many reasons – the knowledge itself may be difficult to understand, people may not want to know it, or they may not be ready to learn it. Learning can cause discomfort. And discomfort should be expected within this textbook. The health of Aboriginal and Torres Strait Islander people historically has been excluded from the nursing curriculum (and education more broadly), and you may find that learning about the health of Indigenous Australians is confronting and perplexing. This experience of discomfort is essential within *Yatdjuligin* and should not to be shunned. While learning the knowledge may cause discomfort, there is safety within the process in which it occurs. As authors, we hope that you are able to embrace the new knowledge contained in this text and incorporate it into your practice.

Chapter 1 *Historical and current perspectives on the health of Aboriginal and Torres Strait Islander people* provides the historical context of the life-expectancy gap between Indigenous and non-Indigenous Australians and the health differential crisis that continues today. It emphasises the need for nurses to critically appraise the role of the nurse and midwife as change agents in the field of Indigenous health.

Chapter 2 *A history of health services for Aboriginal and Torres Strait Islander people* discusses what is known about the pre-invasion health system and the health status of Indigenous Australians. It considers health service provision during the contact period and health status during the separation and protection periods. It also highlights the outcomes for Indigenous health. The chapter discusses the rise of the Aboriginal community controlled health system. Importantly, each section of this chapter is, where possible, framed within the prism of nursing: it examines the role of nurses historically in the health system and in health care delivery.

Chapter 3 *The cultural safety journey: An Australian nursing context* explores the concept of cultural safety as it applies to the Australian nursing and midwifery setting. This chapter discusses ways to understand cultures, with particular emphasis on encouraging nursing and midwifery students to examine their own beliefs, attitudes and views. The chapter highlights the multiplicity of each individual's cultures and encourages students to consider their cultures' potential effects while they are caring for Indigenous Australians.

Chapter 4 *Indigenous gendered health perspectives* explores the unique perspectives of what Aboriginal and Torres Strait Islander communities across Australia commonly call 'women's business' and 'men's business'. It breaks down the nuances between men's and women's health, and offers an insight into appropriate nursing and midwifery care. It also explores 'sista girls' within the context of the health needs of Aboriginal and Torres Strait Islander people and the need for the delivery of health care to be underpinned by cultural safety.

Chapter 5 *Community controlled health services: What they are and how they work* explores the important role of Aboriginal Medical Services in improving health

outcomes for Aboriginal and Torres Strait Islander people. The chapter explains the complex development of the sector, explores how the services were conceived and established, and discusses the political reality faced by Aboriginal and Torres Strait Islander people at that time.

Chapter 6 *Indigenous birthing in remote locations: Grandmothers' Law and government medicine* encourages students to consider the complex issues relevant to midwifery practice in remote areas, both past and present. It questions how current hospital birthing services affect the wellbeing of Aboriginal and Torres Strait Islander women from remote communities who leave their communities to give birth away from their Country. This chapter contextualises the effects of the clash between Grandmothers' Law and government medicine on remote community women.

Chapter 7 *Midwifery practices and Aboriginal and Torres Strait Islander women: Urban and regional perspectives* outlines the experiences and needs of urban Indigenous women during pregnancy and birthing. It challenges conventional views about urban Indigenous families and highlights the many issues relevant to understanding the needs of urban Aboriginal and Torres Strait Islander families during pregnancy, birth and early parenting.

Chapter 8 *Remote-area nursing practice* provides a positive perspective of remote lifestyles and the health care needs of Aboriginal and Torres Strait Islander people who live in remote communities. The chapter helps students to evaluate the scope of practice and educational needs required to work as a remote-area nurse. It also describes some of the dynamics in remote communities that influence the ways in which health care services are organised and delivered by remote-area nurses.

Chapter 9 *Working with Aboriginal and Torres Strait Islander health workers and health practitioners* outlines the integral role of Aboriginal and Torres Strait Islander health workers in Indigenous health care across the country. Aboriginal and Torres Strait Islander health workers seek to meet the primary health care needs of Indigenous Australians. This chapter describes the development historically of the health worker role and helps nursing and midwifery students to understand how to work with, collaborate with and delegate to Aboriginal and Torres Strait Islander health workers.

Chapter 10 *Researching with us, our way* explores Aboriginal and Torres Strait Islander approaches to research. Research has the potential to support improvements in Aboriginal health by informing and changing both policy and practice. Historically, most research was conducted on, not with, Aboriginal communities. Too often, research was not respectful, did not address Aboriginal priorities and was of no benefit to participating communities. This chapter describes current approaches to Aboriginal and Torres Strait Islander health research and explains the ethical principles that underpin it. It discusses ways that researchers can develop shared values and priorities, and bring direct health benefits – both to Aboriginal and Torres Strait Islander people and to the wider Australian population.

Chapter 11 *Indigenous mental health nursing: The social and emotional wellbeing of Aboriginal and Torres Strait Islander Australians* discusses the social determinants of

the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. The rapid deterioration of their physical health and social and emotional wellbeing are explained within the context of European colonisation. This chapter describes the broad categories of mental illness within an Indigenous context and explores standardised treatments, assessments and interventions. The chapter pays particular attention to cultural considerations regarding assessment and intervention.

Chapter 12 *Caring for our Elders* begins by exploring the situations that face Aboriginal and Torres Strait Islander people as they age – including the early onset of chronic disease, shorter life span and increasing need for aged-care packages. The chapter discusses the need for culturally safe and culturally appropriate aged care. It discusses options for palliative care and explains the cultural reasons Aboriginal and Torres Strait Islander people may choose to disengage from treatment and return to their home communities.

1

Historical and current perspectives on the health of Aboriginal and Torres Strait Islander people

Juanita Sherwood and Lynore K. Geia

Learning objectives

This chapter will help you to understand:

- Why the health of Aboriginal and Torres Strait Islander people is the business of every health professional in Australia
- The key events in Australian history that have influenced the health of Aboriginal and Torres Strait Islander people
- The continuing effects of colonial policies on the health and wellbeing of Aboriginal and Torres Strait Islander people
- Factors promoting best practice in developing policy, programs and service delivery for Aboriginal and Torres Strait Islander communities
- The current policy environment relevant to the health of Aboriginal and Torres Strait Islander people
- The role of nurses as change agents in the field of Indigenous health.

Key terms

Closing the Gap
health gap
social justice
worldview

Introduction

The health of Australia's First Peoples – Aboriginal and Torres Strait Islander peoples – is critically poor and requires urgent and informed attention at both state and national

levels. The early days of contact between colonial forces and Indigenous people saw the onset of the health catastrophe that continues to engulf Australia's Aboriginal and Torres Strait Islander peoples. This is a catastrophe of death, disease and entrenched social disadvantage. This crisis is real. It is a crisis complicated by our history and by the many factors that shape Australia today.

Prior to 1788, there were at least 500 language groups living as separate nations across the land that we now call Australia. Australia is now recognised to be the home of the oldest living and surviving cultural groups in the world. Archaeological evidence confirms at least 120,000 years of permanent residence in Australia (Broome, 2002). Prior to colonisation, the language groups lived separately, each with their own language and cultural traditions. But with colonisation, the origins of the First Peoples and their names for themselves were dismissed as irrelevant (Smith, 1999). Culturally specific, self-assigned names were replaced with the global terms 'Aboriginal' or 'Indigenous', which were from the Western tradition. Colonising forces named the country and named the people who lived there (Smith, 1999).

This chapter provides a perspective on the current health issues facing Aboriginal and Torres Strait Islander people in Australia, placed within their historical context. It explores some of the historical factors that underpin the gap between the health of Indigenous and non-Indigenous Australians. It describes the policy environment that established the Closing the Gap campaign, and challenges nurses to consider their personal responsibility for closing the health gap.

We, the authors of this chapter, are Aboriginal women who work as nurses. We specialise in Aboriginal and Torres Strait Islander health and have been privileged to gain and develop our knowledge and expertise in various sectors of Aboriginal and Torres Strait Islander health. We have used our nursing skills and cultural knowledge to advocate for better and more appropriate health services for Aboriginal and Torres Strait Islander people. We are interested in a range of health care environments, from community health clinics to hospitals.

We argue that Aboriginal and Torres Strait Islander health is the business of every health professional in Australia. We believe that health professionals need to be familiar with the history of Australia's Aboriginal and Torres Strait Islander peoples. Understanding of the historical context helps to put current health needs into perspective. Understanding something about the Country on which you are working and the custodians who care for it is a critical step in working with Aboriginal and Torres Strait Islander people towards a healthier Australia.

The narrative about Aboriginal and Torres Strait Islander health

The dominant public story of Aboriginal and Torres Strait Islander health status is a 'bad news story', or 'a problem to be solved' (Saggers & Gray, 1991). Media stories portray examples of appalling health, social breakdown, housing crises and wasted

money. The dominant story is based in truth: governments continue to make the same decisions in developing policy, programs and services for Indigenous communities, and health improvements are slow.

But the dominant story also results from a lack of balance in presenting the story of the experiences of Australia's Indigenous peoples since invasion. Many health professionals have had little opportunity to gain access to this knowledge, because until recently it has not been taught in schools or universities. They also have little opportunity to learn and understand the different worldviews and cultures of Aboriginal and Torres Strait Islander peoples.

Policy decisions about Aboriginal and Torres Strait Islander health continue to be made without community partnership. Geia (2012) argues that her community commonly sees governments undergoing a repeated process of policy and program development, but presenting it as though it were new:

> New ways of government 'doing consultation' with Aboriginal communities still appear as interventions for purely political ends that are at most culturally inappropriate and inaccessible for Aboriginal families and bearing little sense of ownership by the Aboriginal people because their participation in policy development is at best given lip service. Again it is policy done to Aboriginal people and not genuine partnerships with Aboriginal people. (p. 20)

Government policy makers and many health professionals fail to appreciate that, by continuing the same policy practices and program development, there will be little gain. The prospect of progress and being effective in improving the lives of the people in communities remains, at best, a pipe dream (Geia, 2012, p. 20). The same outcomes continue to be seen, and the burden of ill health experienced by Aboriginal and Torres Strait Islander people continues to grow.

The stories that health practitioners learn about Aboriginal and Torres Strait Islander health – whether through the media, or through school, families or connection to communities – influence the ways in which they work with Aboriginal and Torres Strait Islander clients. At the level of patient care, the ways in which nurses think about, talk about and deliver care to Aboriginal and Torres Strait Islander people will depend on the narrative being played in their heads. Is that story positive or negative? Is it one of hope or hopelessness?

Nurses make value judgements about their clients – whether they intend to or not – and these judgements invariably influence the ways in which they deliver patient care. This means that entrenched stories of deficit (those ubiquitous 'bad news stories') can cause significant negative changes in the lives of Aboriginal and Torres Strait Islander peoples and can influence the care they receive. Conversely, good news stories can bring about significant positive changes in both Indigenous and non-Indigenous communities.

Knowing the ancient story

Aboriginal Australians believe they did not travel to this continent, but originated from their distinct Country/land. Archaeological evidence suggests that Aboriginal peoples

have lived on and cared for the Australian continent for between 60,000 and 120,000 years – a land tenure that outdates any other civilisation in the world (Sherwood, 2010).

Prior to the British invasion, occupation and settlement of Australia, Aboriginal Australians lived a lifestyle that enhanced their physical, mental, emotional and spiritual wellbeing (Gammage, 2012). Records suggest that Australia's First Peoples enjoyed excellent health and wellbeing. Prior to 1788, the First Peoples were self-determined, with each nation group in control of their lives and sovereignty of their Country. They were economically independent and practised a lifestyle focused upon sustainability and balance. Law was intrinsically connected to Country and recognised the value of all living and non-living beings and matter. The laws facilitated reciprocal, sharing relationships.

Prior to the British invasion, food was hunted and gathered, with some farming (Gammage, 2012). The nutritional content of food was rich. Varied food sources and seasonal farming practices enabled a wide-ranging diet (Reid & Lupton, 1991). Early writings of people on the First Fleet to Australia reported that the First Peoples appeared to be very healthy and strong looking (Saggers & Gray, 1991). The First Peoples of the Eora, Tharawal and Darug Nations were the traditional custodians and owners of what is now known as Sydney.

The history that most Australians have not been told

In 1770, Lieutenant James Cook claimed the eastern side of Australia as a British possession. In 1788, British settlers and convicts arrived on the First Fleet under the command of Captain Arthur Philip. 'Invasion' and 'settlement' are the terms that best describe what occurred once Philip and the British Army arrived (Connor, 2003, p. xi).

> 26th January 1788 the colony of New South Wales was established and thereafter other parts of Australia were declared colonies, eventually six in all. Aboriginal societies and their territories were overrun by settlers, and in many parts of the continent and its islands, if they survived at all, they did do in much-reduced and horrible circumstances. (Langton, 2010, p. xvi)

The British claimed Australia under *terra nullius* (land belonging to no one) (Behrendt, 2012) and immediately commenced their dispossession of the First Peoples from their land. British colonial policy handed over to settlers and pardoned convicts land that had been Country to countless generations of Aboriginal peoples. In many circumstances, these were violent colonial acts, undertaken without the consent of Aboriginal Australians. To this day, Aboriginal people continue to state that sovereignty of Aboriginal land was never ceded to the British forces. Invasion was followed by frontier warfare over land, which erupted between the British and the Aboriginal people. This lasted until 1838, although massacres of large groups of Aboriginal people persisted until the 1930s (Connor, 2003).