

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDERS NURSING FORUM
AN INITIATIVE TO DEVELOP STRATEGIES FOR THE RECRUITMENTS AND
RETENTION OF INDIGENOUS PEOPLES IN NURSING
SYDNEY 18-20 AUGUST 1997.**

Foreword

The National Forum for Development of Strategies to Increase the Numbers of Aboriginal and Torres Strait Islander Peoples in Nursing, held in August 1997, funded by the Office of Aboriginal and Torres Strait Islander Health Services was an historic event. This first meeting made a number of recommendations with implications for the public and private sectors, the higher education sector and primary, secondary and tertiary health delivery mechanisms. The Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) was founded to formally represent Aboriginal and Torres Strait Islander nurses, with a commitment to the implementation of the recommendations.

A second meeting in August 1998 augmented the original recommendations and sought to shape an organisation of relevance to the nursing profession and to Aboriginal and Torres Strait Islander nurses.

Acknowledgments to Sally Goold and Irene Fisher for their initial vision, to Sally Goold for her drive, enthusiasm, inclusiveness and willingness to share information. Acknowledgment to OATSIHS for its generous funding, enabling participants to attend both national meetings. Acknowledgment also to Cathy Fasciale and Robyn Coulthard for planning and organising the meetings and for acting as Secretariat to CATSIN.

Special thanks go to Mrs Sylvia (Ingram) Scott, a Wirradjuri woman and local Elder from Camperdown, Sydney, who stepped into the role of welcoming participants, and to Auntie Jessie Budby and Aunty Beryl Wharton, retired Aboriginal Mental Health Workers, who welcomed participants in Brisbane. Thank you too, to Dr Lowitja O'Donoghue, Patron of CATSIN, for giving her time to the profession in which her long career began.

Most importantly, acknowledgment goes to each Aboriginal and Torres Strait Islander nurse attending each meeting. The commitment and diligence of each person has ensured the outcomes are meaningful, sound and representative of an expert group within the nursing profession whose contribution has long been overlooked.

I

Recommendations

Cultural heritage and identity

If you know where your coming from then you wouldn't have to ask me who the hell I think I am Bob Marley

We are Aboriginal and Torres Strait Islander Peoples before we are nurses. We are First Nations people and intend to maintain our cultural heritage, We recognise that we are on a lifelong journey with cultural obligations and commitment to our communities.

We challenge the western health model in which nurses live and work, as this model promotes separatism, hierarchy and power struggles; it denies emotional, social, spiritual and political aspects of health in our holistic way.

The philosophy that promotes all peoples as equal, or to be treated the same, denies difference and cultural identity. Justice and recognition of Aboriginal and Torres Strait Islander history is required for reconciliation.

All faculties of nursing need to re-examine their models, nursing philosophy and nursing practice. We are the experts in our own health and believe our experience and world view challenges these models. Non-Aboriginal and Torres Strait Islander nurses can learn and benefit from our experience.

Many Aboriginal and Torres Strait Islander nurses are forced to live a "double life". This living between two worlds and two cultures causes internal conflict. We see this

as a continuation of the assimilation process and support all measures to reverse or change this process.

From this basis, we recommend that:

- Education for all nurses include mandatory subjects in Aboriginal and Torres Strait Islander history, identity, culture, health and principles of self-determination and management
- Aboriginal and Torres Strait Islander studies are not to be included in multi-cultural studies. We are first nations people who have been and are still being colonised
- Non-Aboriginal and Torres Strait Islander university staff must have colonisation and anti-racist workshops
- Aboriginal and Torres Strait Islander RNs be engaged as consultants to faculties of nursing, to act as educators and mentors
- The implementation of a process whereby Aboriginal and Torres Strait Islander nurses are able to learn about their own history for personal growth and development
- Aboriginal and Torres Strait Islander RNs will negotiate funding in order to attend international health forums
- Publish a book of Aboriginal and Torres Strait Islander nurses' stories
- Aboriginal and Torres Strait Islander nurses and students of nursing have access to culturally appropriate, safe counselling services with confidential referral

Cultural safety underpins all nursing practice. We therefore endorse the Aotearoa (New Zealand) Model of Cultural Safety in Nursing and Midwifery and believe this should be implemented in Australia in ways that are empowering for us.

Professional Issues

The Forum states that founding the Congress of Aboriginal and Torres Strait Islander Nurses, (CATSIN) is the first step in Aboriginal and Torres Strait Islander nurses claiming ownership of, setting the agenda for, and advising on, a range of issues. CATSIN will advise State and Federal Ministers, Aboriginal and Torres Strait Islander Health Units, OATSIHS and state health departments regarding policy and strategic development. Implementation of specific policy should only be undertaken after consultation with CATSIN.

CATSIN seeks, as a matter of urgency, appointed representation on or to:

All state nursing registration bodies, ANF, ACDON, university faculties of nursing, federal and state health departments, midwives organisations, nurse associations, OATSIHS, federal and state Aboriginal and Torres Strait Islander health branches and chief nursing officers and ministerial nurse advisers in each state and territory.

CATSIN will lobby for:

- Recognition of the unique contributions and commitment of Aboriginal and Torres Strait Islander nurses in the area of health.
- Acknowledgment of cultural expertise/knowledge that Aboriginal and Torres Strait Islander nurses contribute to the health industry and nursing profession.
- The promotion and implementation of Aboriginal and Torres Strait Islander nurse employment strategies, with particular attention given to culturally safe interview and selection procedures.

CATSIN will approach and make recommendations for funding to progress its aims and objectives to ministers of health, state and federal health authorities, nursing bodies, universities and NACCHO.

CATSIN will promote the professional issues raised by member nurses to appropriate professional bodies.

CATSIN will encourage and support Aboriginal and Torres Strait Islander nurses' participation in nursing research, thus promoting Aboriginal and Torres Strait Islander perspectives.

CATSIN will continue to promote the status of the Aboriginal and Torres Strait Islander nurse.

Recruitment & Retention of Aboriginal & Torres Strait Islander Nursing Students

CATSIN will raise the issue of maintaining and increasing the number of Aboriginal and Torres Strait Islander students into the nursing profession by designating student places specifically for Aboriginal and Torres Strait Islander people. This will require achieving commitment from:

- all faculties of nursing.
- the chief nursing officer/adviser nationally and in each state and territory.
- Aboriginal and Torres Strait Islander and educational organisations at local, state and national levels.
- The ATSI Health Branch / office / unit in each state, each state minister for health and federal health minister.

Universities must work together with CATSIN and other Aboriginal and Torres Strait Islander organisations to make recommendations on the development and implementation strategies and policies on the recruitment and retention of Aboriginal and Torres Strait Islander students in nursing.

An Aboriginal and Torres Strait Islander person is to be employed in all nursing faculties to support students.

Bridging programs must be developed and made available to all prospective Aboriginal and Torres Strait Islander nursing students.

Universities and OATSIHS are urged to examine the feasibility of distance learning in remote and rural communities, and opportunity to complete practical requirements in hospitals and communities for Aboriginal and Torres Strait Islander or non-Aboriginal and Torres Strait Islander nursing students to gain practical experience as part of the curriculum.

Long term strategies must be developed and implemented in all states which will facilitate the articulation of nursing education for Aboriginal Health Workers into nursing, particularly in rural/remote programs into nursing.

Education

The Forum makes the following clear recommendations in relation to undergraduate, post graduate and ongoing education for Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander nurses:

Each faculty or school of nursing will establish a curriculum advisory body in relation to the development and implementation of a compulsory component of Aboriginal and Torres Strait Islander health in the nursing curriculum, which reflects the diverse nature of Aboriginal and Torres Strait Islander societies and the effects of colonisation on our health.

This body, whose membership is predominantly Aboriginal and Torres Strait Islander people:

- Will work to develop and collaborate in partnerships with Aboriginal and Torres Strait Islander centres in universities (where they exist).
- Will be part of the university's strategic plan in Aboriginal and Torres Strait Islander higher education, in particular promoting / demanding the teaching of Aboriginal and Torres Strait Islander matters by Aboriginal and Torres Strait Islander people.
- Will ensure curriculum development and content relates to the Agreement on Aboriginal and Torres Strait Islander Health signed by Aboriginal and Torres Strait Islander Community Controlled Health Services, ATSIC, the Commonwealth Health Minister and the state and territory health ministers.

In states or territories where an agreement has not been signed, the curriculum advisory body consults with:

- Aboriginal and Torres Strait Islander community controlled health services' peak organisation;

- the Aboriginal and Torres Strait Islander health unit within the state or territory department; and
- local Aboriginal and Torres Strait Islander health organizations.

There is endorsement and reflection of recommendations arising from:

- National Aboriginal and Torres Strait Islander Health Strategy, 1989 and Review 1994.
- Stolen children inquiry 'Bringing Them Home'
- the Royal Commission into Aboriginal Deaths in Custody
- Expenditures on Health Services for Aboriginal & Torres Strait Islander People. J Deeble, C Mathers, L Smith, J Goss, R Webb & V Smith. May 1998.
- Any relevant future report, finding, inquiry, strategy, partnership or campaign of national significance or benefit to improve the health, social, educational and cultural standing of Aboriginal and Torres Strait Islander peoples or the professional standing of Aboriginal and Torres Strait Islander nurses.

There is compulsory placement for all nursing students in an Aboriginal and Torres Strait Islander community or Aboriginal and Torres Strait Islander community health organisation, carefully and thoroughly arranged with each participating community. Practical experience undertaken in undergraduate and post graduate nursing education must be in a meaningful and realistic combination of community and hospital settings.

There is continuous mentorship for Aboriginal and Torres Strait Islander students. There is targeting and filling of places in all levels of nursing by Aboriginal and Torres Strait Islander people.

Creation of career structures recognising experience and knowledge in Aboriginal and Torres Strait Islander health and community issues.

Acknowledgment and consideration will be given to prior learning.

Specific bridging courses shall be developed in line with the needs of Aboriginal and Torres Strait Islander students and prospective students for entry into nursing courses, rather than generic bridging courses.

Informing the Professions and Students of the Role of CATSIN

Various government and nursing organisations actively distribute CATSIN material. Use of existing distribution mechanisms for all nurse students eg. Nurses Boards' mailing lists; OATSIHS lists, NACCHO lists, Bachelor and other Aboriginal and Torres Strait Islander health education colleges and, specifically, AbStudy packs to students of nursing.

Relationship between the roles of the Aboriginal Health Worker and the Aboriginal and Torres Strait Islander RN

The Forum acknowledged the vital role of AHWs as part of the primary health care team. Recommendations reflect the Forum's view of the importance of AHWs and the importance of an approach to health care delivery which integrates the roles of RNs / ENs and AHWs.

This Forum recognises that when the different roles of the RN / EN and AHW are combined, a more cohesive approach to health care delivery will be achieved and makes the following recommendations:

- Aboriginal and Torres Strait Islander health, primary health care and community development must be compulsory in the nursing curricula and AHW education programs.
- Aboriginal and Torres Strait Islander community members must be involved in the design, development and teaching of nursing curricula and AHW education programs.
- Compulsory placement of student nurses in an Aboriginal and Torres Strait Islander community to better understand primary health care delivery and the important role of the AHW.
- This forum supports the short term placement of the AHW in government

health services, including hospitals, to give AHWs a better understanding of the role of the RN.

- Professional recognition be given by RNs of the unique role of AHW by supporting the professional development of AHWs.
- The local Aboriginal and Torres Strait Islander community defines the roles and responsibilities of the RN and the roles and responsibilities of the Aboriginal Health Worker working within and for that community. CATSIN will liaise with NACCHO at all times in relation to community health organisations.

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Forum Process

The Forum held in 1997 determined the issues to be addressed. These issues were discussed in depth and recommendations developed. The Forum then refined and agreed on its recommendations and determined where the recommendations should be delivered for action.

Non-Aboriginal and Torres Strait Islander participants acted only as resource people, when asked, and took no part in the development of the recommendations. There sessions on each day where non-Aboriginal and Torres Strait Islander participants left the Forum. The Congress of Aboriginal and Torres Strait Islander Nurses was formed during one of these sessions.

Issues

The Forum identified the following issues as critical in encouraging Aboriginal and Torres Strait Islander peoples into nursing.

Cultural Heritage and Identity.

There was consensus on a pressing need to educate non-Aboriginal and Torres Strait Islander people involved in health at all levels, particularly those involved in the education of nurses, of the nature and effects of past and present government policies of colonisation, assimilation, forced removal of peoples from their traditional lands, forced removal of children from their families and their traditional land and forced urbanization.

Further discussion centred on the need for non-Aboriginal and Torres Strait Islander people to understand the link between previous and current government policies and the current appalling health status of Aboriginal and Torres Strait Islander peoples. The Forum agreed that linking education on Aboriginal and Torres Strait Islander issues to multicultural issues is an unacceptable practice. The focus must be on Aboriginal and Torres Strait Islander peoples as first nation peoples. The Forum was prescriptive in determining that all staff involved in nurse education must participate in colonisation and anti-racist education.

The Forum turned its collective mind to the development of undergraduate and post graduate education and the anticipated benefit of introducing mandatory studies in Aboriginal and Torres Strait Islander health, with a focus on the primary health model. The primary health model, in conjunction with principles of community development, was determined by the Forum as the most meaningful to local communities - as a reflection of the structure of community; of reacting in immediate practical terms and planning strategies in the longer term appropriate to the needs of communities; and of maintaining ownership of problems and solutions within the community.

The Forum and its workshops discussed the notion of cultural safety at length, and the development of faculties of nursing and the broader higher education community from culturally unsafe to culturally safe places. Teaching the principles of cultural safety to all students of nursing and to all teaching and support staff within the faculty was seen as a necessity. This would ensure Aboriginal and Torres Strait Islander students are safe within the faculty, and would educate future practitioners in culturally safe practice, thus promoting changes in the workplace for staff and patients alike.

In 1992 the Nursing Council of New Zealand adopted the following definition of cultural safety:

The effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on own cultural identity and recognises the impact of the nurse's culture on own nursing practice. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. (Nursing Council of New Zealand Standards for Registration of Comprehensive Nurses from Polytechnic Courses, 1992)

The Forum saw the utilization of Aboriginal and Torres Strait Islander nurses as consultants to faculties of nursing as a practical means of ensuring cultural education and mentoring.

Professional issues

The formation of CATSIN was deemed as the first step in Aboriginal and Torres Strait Islander nurses claiming ownership of setting the agenda and advising on a range of issues.

CATSIN then established its committee members in every state and territory and the Forum then elected CATSIN office bearers. CATSIN determined to seek to ensure its viability, support, exposure and access to nursing publications through relationships with existing nursing bodies such as the ANF, RCNA.

CATSIN will lobby for recognition of the unique contributions of Aboriginal and Torres Strait Islander nurses in the area of health and Aboriginal and Torres Strait Islander health.

CATSIN will lobby for acknowledgement of the cultural expertise and knowledge that Aboriginal and Torres Strait Islander nurses contribute to the health sector and create opportunities for this knowledge to be incorporated into nursing practice, education, research and administration. CATSIN will contribute to the development, implementation and promotion of Aboriginal and Torres Strait Islander nurse education and employment strategies.

CATSIN will advise state and federal ministers, OAHSIHS and other federal departments, state health departments and Aboriginal and Torres Strait Islander health units on policy, strategic development and policy implementation in Aboriginal and Torres Strait Islander health and on nursing issues.

CATSIN will seek representation on or to all state nursing regulatory authorities, OATSISH or other federal bodies, federal and state health department advisory committees, the ANF, state Aboriginal and Torres Strait Islander health units, chief nurses and ministerial nursing advisors federally and in each state and territory. CATSIN will lobby federal and state health ministers, health and Aboriginal and Torres Strait Islander affairs departments, universities, NACCHOs, OATSIHS for funding to progress CATSIN's aims and objectives and to maximize CATSIN's contribution.

The Forum discussed several professional issues ranging from access to research monies to development of and access to ongoing, decentralized professional nursing programs for Aboriginal and Torres Strait Islander nurses. The Forum saw participation in nursing research for the perspective of Aboriginal and Torres Strait Islander nurses as very important. Such research enhances the ability of Aboriginal and Torres Strait Islander nurses to promote their role and their cultural perspective in Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander health, to inform the profession of the role and perspective of indigenous nurses, and to reinforce the capacity of culturally safe nursing practice to improve health outcomes for the community.

The Forum agreed CATSIN would lobby on behalf of all Aboriginal and Torres Strait Islander registered and enrolled nurses and students of nursing for funding to ensure conferences, accessible by all Aboriginal and Torres Strait Islander nurses, are held annually. Annual conferences would determine strategic planning and policy development for professional and education purposes.

Recruitment and retention of Aboriginal and Torres Strait Islander nursing students.

The Forum identified recruitment and retention of Aboriginal and Torres Strait Islander peoples into nursing education as a major challenge. The Forum centred on the necessity of university faculties designing and developing undergraduate programs which have meaning to Aboriginal and Torres Strait Islander students, and to non-Aboriginal and Torres Strait Islander students and to local and broader communities in which all nursing students will make their careers.

Enhancing access to courses by Aboriginal and Torres Strait Islander peoples could be addressed with decentralized, satellite and distance education as attractive options for rural and remote peoples. Discussion included the theoretical and practical components of undergraduate programs. The Forum agreed the higher education sector must accommodate the cultural needs and obligations of rural and remote peoples to remain in their own communities. Failure to recognise this aspect of culture would result in failure to attract Aboriginal and Torres Strait Islander students into nursing.

Acknowledgement of prior learning as a matter of course, and the development of meaningful bridging programs accommodating prior learning are vital. The Forum agreed intake criteria based solely or primarily on academic records during secondary education bore little relevance to the aptitude and ability of Aboriginal and Torres Strait Islander people as prospective students. Consideration of circumstances surrounding access to secondary education, regard to cultural constraints and life achievements must be given in accepting Aboriginal and Torres Strait Islander people into nursing education. More importantly, the Forum considered the potential contribution of each individual to the profession as an expert in their own communities is of great significance in the selection process.

The Forum discussed the interview process and its potential for disadvantaging Aboriginal and Torres Strait Islander applicants to undergraduate programs. Interviewers, the Forum agreed, must therefore be familiar with customary practices and the implications of face-to-face interviews. The Forum discussed the need for, and the role of, the faculty employed Aboriginal and Torres Strait Islander student support worker to facilitate the intake interview process.

A faculty employed Aboriginal and Torres Strait Islander student support worker is seen by the Forum as a necessity in providing support, advocacy, brokerage, mediation and learning-skills education for the students and to provide advice, cultural and linguistic information and education, community knowledge and legitimacy to the faculty of nursing and its staff.

The Forum discussed the need to develop and promote vision within faculties and develop philosophies and strategies to articulate AHW education and practice into nursing education and practice. This ensures AHWs who so desire to efficiently incorporate nursing into their careers.

Education

The Forum discussed focused on the need for each faculty of nursing to establish a curriculum advisory body whose members include expert Aboriginal and Torres Strait Islander nurses and community representatives, to develop and implement compulsory components of Aboriginal and Torres Strait Islander health, history and culture. The advisory body would work closely with the Aboriginal and Torres Strait Islander studies centre within the university and form part of the university's strategic direction in teaching Aboriginal and Torres Strait Islander health history and culture informed by Aboriginal and Torres Strait Islander people.

The Forum determined such advisory bodies would consult with state Aboriginal and Torres Strait Islander health units, NACCHO and local Aboriginal and Torres Strait Islander controlled health services.

The forum discussed the necessity for nursing curricula to endorse and reflect the content and recommendations of significant recent inquiries including the National

Aboriginal and Torres Strait Islander Health Strategy, the Royal Commission into Aboriginal Deaths in Custody, and the report of the stolen generations inquiry, *Bringing Them Home*.

The Forum addressed issues of undergraduate practical experience for Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students. It determined practical experience must be meaningful and realistic – it must combine experience in community and hospital settings in a balanced fashion.

The Forum further agreed placements in Aboriginal and Torres Strait Islander communities or health services be mandatory for all students of nursing, so that as practitioners, they have some experiences of the realities of the causes of illness in Aboriginal and Torres Strait Islanders, and have an understanding of primary health services in communities and understand the principles and benefits of community development combined with the primary health model.

The Forum stressed teaching the difference between community owned/controlled health services and the western model of health care delivery must be integral to both theoretical and practical components of the curriculum. The Forum agreed all practical placements must be arranged and conducted in a culturally appropriate and respectful manner with each participating community, be it urban, regional, rural or remote. Accordingly, each student on placement would be informed of the specific cultural practices and expectations of that community in advance of placement.

The Forum agreed that a commitment must be made throughout the nursing profession to target or designate specific positions and student places as being filled by Aboriginal and Torres Strait Islander people. Such affirmative action was deemed by the Forum to be the only practical method for ensuring access by Aboriginal and Torres Strait Islander people to places in undergraduate and graduate university programs and in positions at all levels within the nursing profession. The Forum agreed the number of such positions designated would go some way to addressing the problems of the “invisible” Aboriginal and Torres Strait Islander nurse.

The Forum acknowledged the individual and collective isolation felt by Aboriginal and Torres Strait Islander nurses currently practising and teaching nursing. This isolation is physical – Aboriginal and Torres Strait Islander nurses are few and far between; cultural – Aboriginal and Torres Strait Islander nurses do not all come from the same cultural backgrounds, some did not know their cultural backgrounds because of removal from family and land as children; their cultural identities are poorly understood within their profession. Until the formation of CATSIN, there was no mechanism for collegiate or professional support, reinforcement or supervision.

The Forum discussed the need for all Aboriginal and Torres Strait Islander nursing students to be involved in a planned, formalised, integrated, consistent mentorship program. Mentorship is to be over and above the mentoring of students on practical placements and the mentoring available as part of their graduate year programs. The aim is for the Aboriginal and Torres Strait Islander student and their mentor to develop a meaningful relationship capable of withstanding external pressures while enhancing the capabilities and facilitating growth of the student on a range of levels – academic, practical, personal, cultural, political. The Forum acknowledged the benefit to the mentor as well as to the person being mentored.

Relationship between the roles of the Aboriginal Health Worker and the Aboriginal and Torres Strait Islander RN

This issue generated lengthy and broad ranging discussion within the workshops and the Forum as a whole. The Forum was generally bemused by the variation in the education, role, and distribution of AHWs on a state by state basis. The Forum became aware of the difficulty caused by generalizing when addressing the role of the AHW and RN because of extreme variations of function of AHWs around the nation.

The Forum recognised the important role of AHWs as part of the primary health care team in an integrated, culturally appropriate delivery of health services. The Forum

believes the routine combining of RN and AHWs in health services would enhance the level of care delivered. In the Forum's view, health services which use only RNs or only AHWs are limiting the nature and diversity of care available to communities. The Forum reinforced the importance of incorporating increased, mandatory content covering the principles of primary health, community development, cultural safety and Aboriginal and Torres Strait Islander health, history and culture in undergraduate and post graduate nursing programs. The Forum stressed the importance of the primary health model in delivering health care via community controlled health services appropriate to each community's needs, be they health, political, cultural or other needs that augment the development of a healthy, functional community. The Forum discussed the need for Aboriginal and Torres Strait Islander expert and community involvement in the design, development and teaching curricula in nursing and in AHW education programs. This ensures graduating professionals have a well-rounded education with a balance of theoretical knowledge and practical skills that are meaningful to and inform everyday practice.

The Forum considers relationships between AHWs and RNs (be they Aboriginal and Torres Strait Islander or non-Aboriginal and Torres Strait Islander), can be strengthened by a program of compulsory practical experience by student nurses and AHWs. The student nurses would be required to experience placements in community controlled health services which give nursing students a rounded understanding of the working role and community standing of the AHW. The student AHW would undertake practical placement in the acute setting, including observing the role of the RN, in a large public teaching hospital, The Forum agrees the benefits of such reciprocal placements would enhance understanding, tolerance and support of each group by the other's role and function.

The Forum stated clearly its view that while RNs have a role in clinical teaching of AHWs, RNs and students of nursing have much to learn from AHWs. The Forum sees AHWs as a role model for nurses in one particular area – commitment to community.

The Forum discussed the notions of attitude and loyalty, as demonstrated by the propensity of AHWs to stay for longer periods, even indefinitely, in their own or their chosen community. RNs, on the other hand, were viewed by the Forum as a transient health workforce, particularly non-Aboriginal and Torres Strait Islander nurses and particularly in remote areas. The Forum considers the understandings gained by nursing students involved in a program of mandatory placement in community controlled health services could increase commitment to the community by RNs.

Finally, the Forum determined the roles and responsibilities of the RN and AHW working in community settings should be defined by that particular community. The Forum considers this process would assist in breaking down both the medical model of service delivery and hierarchical structures, encourage a client-centred approach and avoid confusion over role expectations by defining practice in terms of outcomes for the community.

Attendance

Kate Adams	NSWNA
Karen Atkinson	Geelong, Vic
Jenny Baker	Adelaide, SA
Mary Buckskin	OATSIHS, Canberra
Kathleen Clapham	University of Sydney
Judith Clare	Flinders Uni, SA
Donna Coulthard	Yalata, SA
Robyn Coulthard	ANF
Kerry Doyle	Wyong, NSW
Hilma Dillon	Strawberry Hills, NSW
Cathy Fasciale	ANF

Irene Fisher	Katherine, NT
Dulcie Flower	Redfern, NSW
Marcia Gleeson	ANF
Sally Goold	Bribie Island, Qld
Mark Gucheon	Katherine, NT
Lynda Holden	Prairiewood, NSW
Lisa Jackson	Sydney, NSW
Janet Jones	Wilcannia, NSW
Grace Kong	Woolloomooloo, NSW
Atherlie Madden	Geelong, Vic
Mary Martin	Woolloongabba, Qld
Mary Anne Martin	Broome, WA
Robyn Martin	Dubbo, NSW
Trish Neal	Newcastle, NSW
Loitja O'Donoghue	Adelaide, SA
Rosalind Pierce	Adelaide, SA
Marilyn Pittman	Goulburn, NSW
Kathy Quartermaine	Perth, WA
Robyn Shields	Rozelle, NSW
Juanita Sherwood	Lidcombe, NSW
Irene Stein	Newcastle, NSW
Dzintra Strads	OATSIHS, Canberra
Garry Torrens	Brisbane, Qld
Nola White	Inala, QLD
Gail Williams	Albany, WA
Gail Williams	Darwin, NT
Liz Young	Woorabinda, Qld.