

INPractice

News from the Australian Nursing and Midwifery Federation (SA Branch) | July 2026



**Australian Nursing
& Midwifery Federation**
(SA Branch)

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Authorised by Adj. Associate Professor Elizabeth Dabars AM,
CEO/Secretary, ANMF SA, Ridleyton SA, 5008.

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INPractice

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A MESSAGE FROM THE CEO/SECRETARY



Adj Associate Professor Elizabeth Dabars AM
ANMF SA CEO/Secretary

As we move into the second half of 2026, our focus remains unwavering: standing with nurses, midwives and personal care workers across South Australia on the issues that matter most — safety, respect and fair recognition.

In May, the ANMF (SA Branch) Executive endorsed a return to industrial action after public sector enterprise bargaining negotiations stalled, despite members securing a six per cent interim increase. That increase was hard won through collective strength, but it was only ever the beginning. Our members deserve wages and conditions that reflect their skill, responsibility and contribution and that place South Australia in a nationally competitive position.

Industrial action is never taken lightly. The safety and wellbeing of our community is always at the forefront of our minds. But when progress stalls and meaningful engagement is not forthcoming, we must demonstrate clearly and collectively that the current situation is not acceptable. Our message is simple: respect, retention and remuneration must be prioritised.

The frustration and disappointment felt by members is shared by us all. Yet the willingness to mobilise remains one of our greatest strengths. Our mass rally on 5 February, attended by more than 7,000 nurses, midwives and community supporters,



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Join the conversation.



Industrial action recommenced on May 18, 2026, with on-site demonstrations held throughout the following weeks.

demonstrated the depth of public concern and the power of collective action. We will continue to keep members informed as this matter progresses.

In April, we watched closely as the New South Wales Industrial Relations Commission handed down its Special Case decision on wages for nurses and midwives. While the ruling acknowledged the longstanding undervaluation of Enrolled Nurses and Assistants in Nursing, it fell short of delivering the structural reform required for Registered Nurses and Midwives — even with the 16 per cent increase awarded after lengthy arbitration.

The situation reached a critical point in late May when, despite repeated attempts to

progress negotiations, no further offer was forthcoming from SA Health. This lack of movement left members with no choice but to escalate their action. On Thursday, 4 June 2026, nurses and midwives at the Lyell McEwin Hospital undertook a 24-hour stop-work action — a powerful and deeply considered step that underscored both the urgency of the issues and the depth of frustration felt across the workforce.

This action was not taken lightly. Members made it clear that they are committed to delivering safe, high-quality care, but they cannot continue to do so under conditions that compromise their wellbeing and the sustainability of the workforce. The stop-work at LMH sent a clear and unequivocal message: the

status quo is untenable, and meaningful engagement must occur. The strength, unity and professionalism shown by members throughout this action reflects the seriousness of the situation and the determination to secure outcomes that support both staff and patients.

Alongside our industrial work, we continue to drive critical reforms in work health and safety.

Our role on the SafeWork SA Advisory Committee remains central to this, and we were proud to host the inaugural Entry

Permit Holders forum with SafeWork SA and SA Unions, a significant step in strengthening safe, fair and sustainable workplaces.

This edition of INPractice also explores a major aged care reform announced in the 2026 Federal Budget. From 1 October, older Australians receiving Support at Home personal care services, including showering, dressing and continence support and will no longer face out-of-pocket costs. This is a significant win, achieved through persistent advocacy from the ANMF SA and organisations such as COTA Australia.

Our ability to influence change relies heavily on the vigilance and leadership of our members.

You are the eyes and ears of your workplaces, and your willingness to report issues and champion improvements is what drives safer, stronger systems. In this edition, we highlight the vital work of our worksite representatives and health and safety representatives, including the inspiring story of a Women's and Children's Hospital member who overcame self-doubt to become a powerful force for change.

We are also gearing up for our flagship event, the Annual Professional Conference (APC) on 6 August. Inside this edition, you'll find a preview from two of our keynote speakers. Endometriosis advocate and author Libby Trainor Parker brings humour and honesty to the challenges of navigating gender-specific health conditions. Meanwhile, Race Commissioner Giridharan Sivaraman will share insights from decades of advocacy, legal expertise and union collaboration.

This issue also shines a light on the diverse pathways available to emerging health professionals. Through ANMEC, VET in Schools students are undertaking placements with Determined2 at the newly refurbished Adelaide Aquatic Centre, gaining hands-on experience in immersion therapy. We also hear from SASNA President Mark Marno, who reflects on his transition from hospital wards to school nursing — and how it reshaped his career and purpose.



ANMF (SA Branch) CEO/Secretary (middle) with nurses and midwives at the Royal Adelaide Hospital.



The ANMF SA hosted the first SA Unions Entry Permit Holders' forum on April 24, 2026.

Finally, we share the story of Malcolm, a healthcare advocate living with trigeminal neuralgia, whose experience underscores the importance of awareness, compassion and clear communication in care.

I hope you find this edition informative, thought-provoking and energising as we continue our work throughout 2026. Our strength lies in our unity and together, we will continue to achieve meaningful change.

Yours sincerely,

**Adj Assoc Professor
Elizabeth Dabars AM**
CEO/Secretary
ANMF SA



Federal investment in Australia's aged care sector will alleviate carers' concerns over whether personal needs are being met.

AGED CARE ANNOUNCEMENT SHOWERED WITH PRAISE

After years of rising demand and mounting pressure, the Australian Federal Government announced a \$3.7 billion investment in aged care across the nation, including the expansion of Support at Home's funding for personal care services.

For older Australians who rely on help with showering, dressing and continence support, the change is significant. From October 1, anyone with 'personal care' approved in their Support at Home plan will no longer face out-of-pocket costs for these essential services.

The news was met with genuine celebration from advocates who have spent years pushing for reform. Among them was Council on the Ageing (COTA) Australia Chief Executive Officer (CEO) Patricia Sparrow who joined the ANMF (SA Branch) in celebrating new changes to Australia's aged care system.

COTA Australia is the leading peak body representing and advocating for older people to government, the general community and media.

Patricia said that this announcement followed overwhelming feedback from older people and the advocacy of organisations, including the ANMF and COTA Australia.

"There is no doubt that the ANMF, other unions and the provider groups were all saying the same thing and that's often when you see advocates able to be the most successful," she said.

"When everyone sends a consistent message to government, that's when you see change."

ANMF SA CEO/Secretary Adj Assoc Prof Elizabeth Dabars AM said the investment was a significant step forward in addressing the growing demand for high quality aged care services and follows strong advocacy from the ANMF on behalf of its members working in aged care.

Support

"While we've seen some significant reforms since the Royal Commission, our members continue to tell us the system is not fixed," she said.

"This funding acknowledges the pressure aged care is under and supports structural improvements, particularly for in home personal care."

The ANMF had long warned that excluding services like showering from funded support would have serious consequences for older people's health and dignity. The government's \$1 billion commitment to personal care funding is expected to ease pressure not only on clients, but also on the workforce and families who have been filling the gaps.

Still, both COTA and the ANMF emphasised that the job isn't done.

COTA Australia representatives expressed that the budget did not include additional Support at Home packages — a gap that continues to leave many older people waiting more than a year for assessment and assistance.

"Older people are waiting 12 months or longer to be assessed and then receive the support they need," Ms Sparrow said.

"While the government is targeting wait times of no more than 90 days by November 1, 2027, COTA Australia believes no one should wait more than 30 days.

"The impact on older people and their carers is significant."

Ms Sparrow said changes affecting private health insurance affordability, alongside broader reforms affecting retirement finances, would place additional pressure on many older Australians already carefully managing household budgets.

Over three million older Australians, including more than 400,000 pensioners with private health insurance, will be affected by the federal government's decision to cut private health insurance rebates for Australians over the age of 65.

"We, and I would imagine your readers, are particularly concerned about the impact of changes to the private health insurance rebate," Ms Sparrow said.

"If people drop private health cover altogether or reduce their level of cover because it becomes unaffordable, pressure simply shifts onto the already overstretched public hospital systems.

"Older Australians are among the biggest users of healthcare and the rebate has helped many maintain their cover."

COTA Australia's State of the Older Nation 2025 report found one in four Australians over 50 is living in poverty, while only 28 per cent are financially comfortable.

The ANMF SA noted that financial stress and housing affordability have also significantly affected the health and aged care workforce.

"We're pleased to see investment in aged care services and infrastructure," Ms Dabars said.

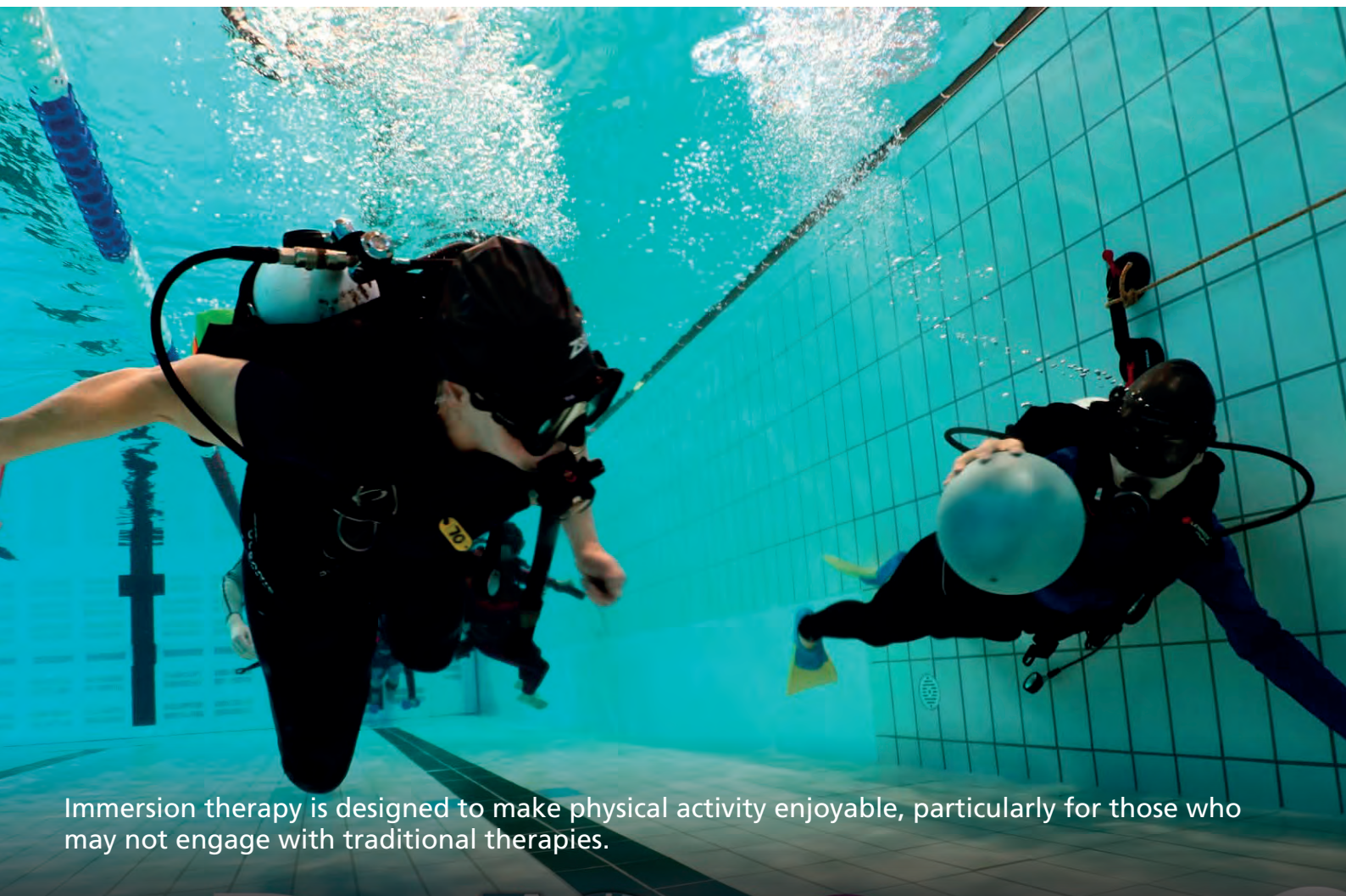
"However, funding the recruitment and retention of aged care nurses and carers is just as important."

"Measures that ease financial stress for workers are essential."

For now, advocates are taking a moment to acknowledge a hard won victory — one that will make a tangible difference in the daily lives of older Australians. The message is clear: meaningful reform is a journey, and there is still a long road ahead.



COTA Australia CEO Patricia Sparrow was pleased with the newly announced changes to aged care.



Immersion therapy is designed to make physical activity enjoyable, particularly for those who may not engage with traditional therapies.

‘WE USUALLY DON’T GET THINGS LIKE THIS IN ADELAIDE’

High school students enrolled in the Vocational Education and Training (VET) program through the ANMF (SA Branch)’s education arm, ANMEC, are diving into an exciting new placement opportunity — and making a real impact.

Since last year, Determined2 has been offering placements to ANMEC students completing a Certificate III in Allied Health Assistance, giving them an unmatched two-week, hands-on experience during the school holidays.

The placement engages students in immersion therapy, where they support people to move freely in water when mobility on land is challenging. Students also assist with exercise physiology and hydrotherapy sessions — therapies that can be life changing for people with disability.

ANMEC Course Coordinator Kylie Cakau said the qualification opens doors to pathways in physiotherapy, speech pathology, occupational therapy, dietetics and more.

“ANMEC is really lucky to have this opportunity for our students, as these opportunities are generally for university students on allied health placements,” she said.

Determined2 Operations Manager and Lead Clinician James Martin admitted he never expected to work in the disability sector, yet he is now entering his sixth year with the allied health and exercise physiology provider.

As a university student, he imagined himself in a traditional clinical setting and gravitated toward the ‘standard’ health pathways.

“The idea of working in something like the disability industry was not something that I had really ever seen myself doing,” James said.

Support

He explained that many students — including those at ANMEC — often create a mental ‘yes, no, maybe’ list of career options.

“For me, it was the classic, ‘Oh, maybe working in something like cardiac or in a hospital,’ because those were the stereotypical pathways that a lot of students went towards,” he said.

“I always saw the people that worked in the disability sector as being quite passionate, sometimes because they had a real connection to it.

“As a student, I felt like I didn’t have that.”

However, his perspective shifted quickly. He discovered a passion for the dynamic nature of allied health and the way people with disability engage with therapists and therapy.

For ANMEC students, he said, the placement is a chance to challenge assumptions and gain exposure to something truly different.

ANMEC student Mia Hogden has learnt how to pack up, then pack down scuba gear and how to use lifting machines to transfer clients into the pool, along with unique therapies and activities that benefit different clients.

She said the most enjoyable part of her placement had been participating in the immersion therapy session with a range of diverse people, in addition to interacting with them, participating in gym sessions and learning new communication skills.

Determined2, now in its tenth year, became a certified social enterprise a few years ago in recognition of its strong social impact. Part of that commitment includes providing up to 10 per cent of its services pro bono — particularly for people who fall outside the NDIS and have no access to funding.

The organisation also prioritises disability-led research involving people with lived experience.

“That social impact is really, really important to us,” James said.

“We hope it’s beneficial for the students and it’s definitely beneficial for us, because we get to not only spread our message, but hopefully give these students an experience where they can go on and make a difference wherever they go.

“Most of our participants really enjoy the opportunity to work with students.”

The two-week placement begins with training to ensure students can work safely and independently at the Adelaide Aquatic Centre. From there, they are quickly integrated into sessions — in the water, in the gym, or simply spending time getting to know participants.

“It might be supporting them to get in and out of the water or taking a step back and sitting in on a review to understand how these services impact someone’s life,” James said.

“The key thing is that we try our best to embed students as quickly as possible, and then work hand-in-hand with them if they have a particular interest or focus.”

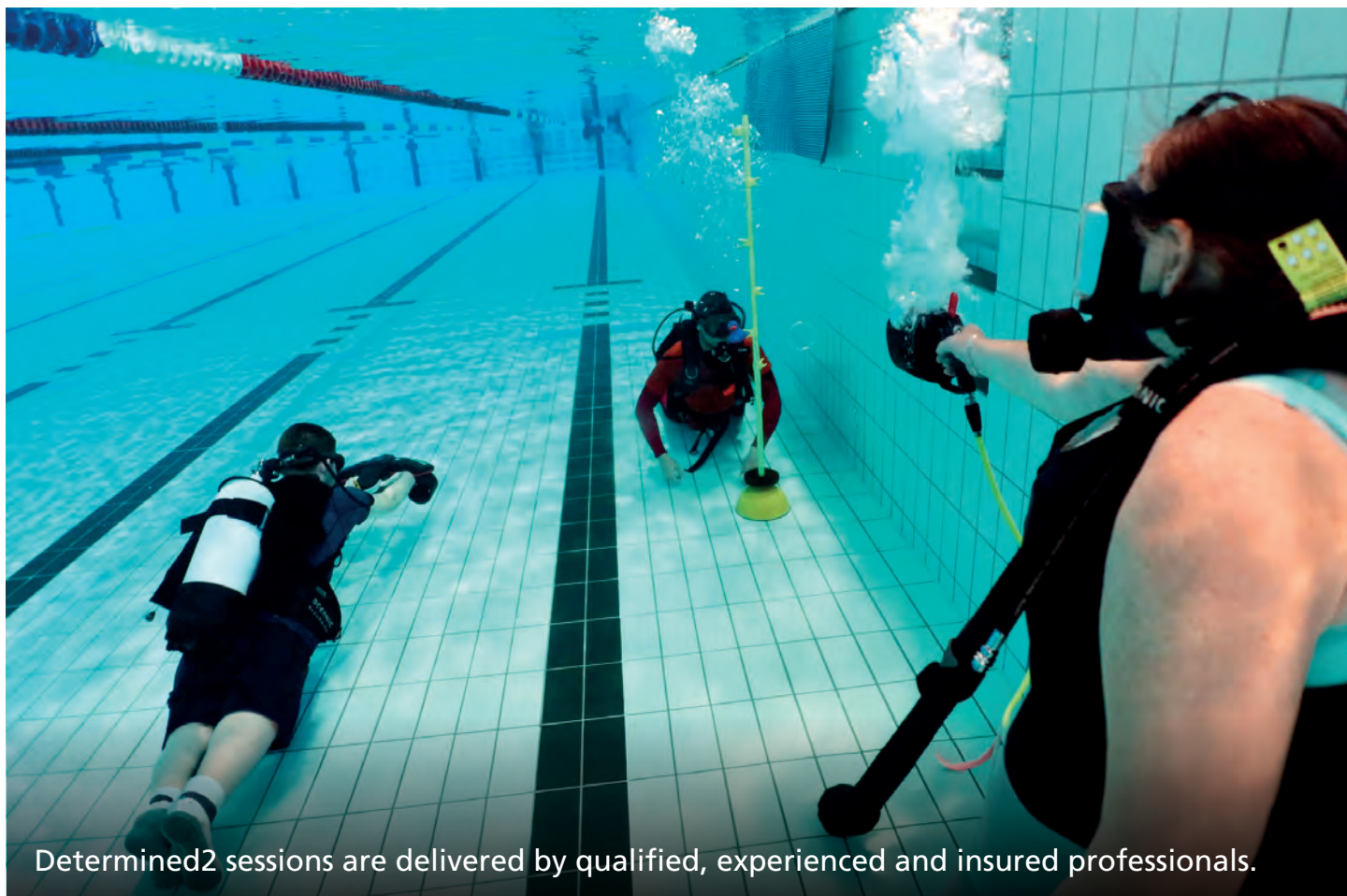
He added that the newly renovated Adelaide Aquatic Centre has given the latest ANMEC student a unique learning environment that will shape her future career.

“My first reaction when I walked in there was: ‘We usually don’t get things like this in Adelaide,’” he said.

“It’s been very good to see such a significant investment — one that’s already paying off in how it supports people to be physically active.”



ANMEC student Mia Hogden has experienced the benefits of immersion therapy firsthand.



Determined2 sessions are delivered by qualified, experienced and insured professionals.



Student placements are a unique way to get ahead with your career in the health sector and Determined2 participants really appreciate the chance to connect with new trainees.



Determined2 supports people's mental health by focusing on their abilities, helping them achieve new goals and fostering genuine connections.



Trigeminal neuralgia affects approximately 25,000 to 75,000 Australians.

NAVIGATING NICHE CONDITIONS IN EMERGENCY SITUATIONS

Trigeminal neuralgia (TN) is one of the most painful chronic conditions to live with — it can be debilitating for some, completely overhauling one's ability to work, sleep and live peacefully.

However, at face value, someone experiencing some of the most severe pain imaginable might not show any symptoms that would generally warrant pain relief medication.

To tackle this challenge, the Trigeminal Neuralgia Association Australia (TNAA) has created a unique card that can easily convey the condition and its associated information to nurses and hospital staff who may not be familiar with it.

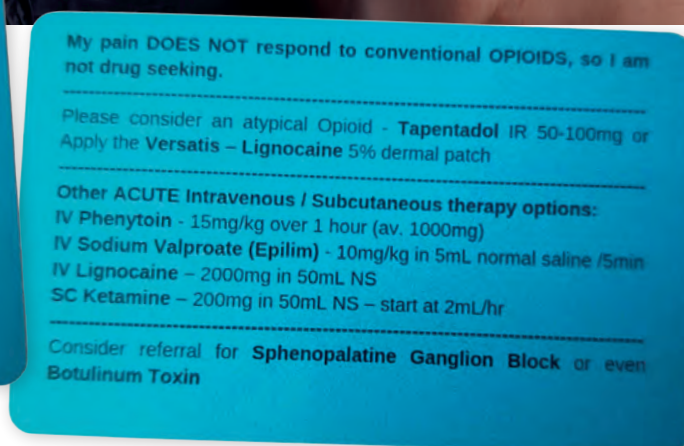
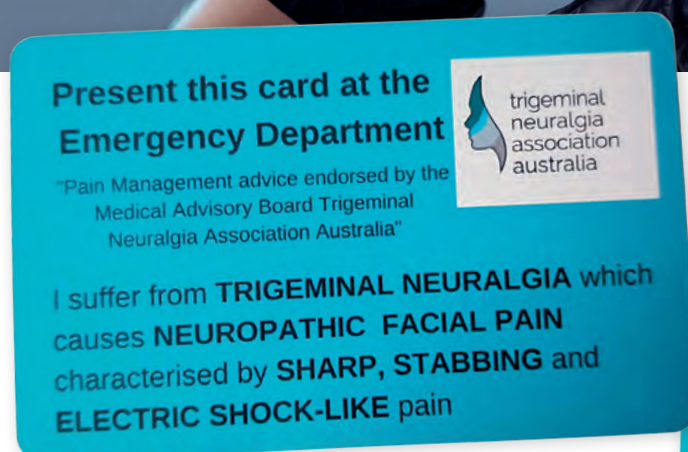
The card reads: 'As I have neuropathic pain, my pain is unlikely to respond to conventional opioids, such as Morphine or Oxycodone. I am NOT drug seeking.'

TN affects the fifth cranial nerve, resulting in sudden, severe, stabbing pain that feels like an electric shock in areas served by the

nerve's branches, such as the lips, eyes, nose, scalp, forehead and the jaw, leading to unilateral facial pain.

These painful episodes usually last only a few seconds but can occur repeatedly throughout the day. The attacks may persist over days, weeks or months, then vanish for periods ranging from days to years.

Malcolm, a member of the TNAA, has lived with post-traumatic trigeminal neuropathy since it was triggered by a dental procedure 13 years ago.



He said that the condition has changed his life and more awareness was needed to ensure people with rare conditions can receive appropriate treatment.

“There are most likely around 14,000 people with TN in Australia, working on current estimates,” Malcolm said.

“In addition, every person with TN is different. I think people’s experiences of nurses and hospitals vary greatly.

“I have heard people who have not been believed; TN is invisible and, as the pain is unimaginable, most people can’t comprehend what we are going through.

“This makes it worse for people when they have reached out for help and TN is also a rare disorder, so many medical personnel have not heard of it.

“Many people with TN complain about how long it took for them to be diagnosed and it is common for people to go for years without a proper diagnosis.”

“I have heard of some people whose experience is good but, unfortunately, I don’t think that is common.”

He said that the cards were produced to help people when they go to hospital to get the best treatment, as many normal painkillers don’t work for those with TN.

However, he noted that in some instances, the cards — which suggest a range of

effective treatments — are completely disregarded by staff due to on-site policies and procedures.

“The card was written by a neurologist who is on the TNAA medical advisory board, so it was written by a professional who understands the condition and knows what works,” he said.

“The TNAA has a medical advisory board made up of neurosurgeons and neurologists — extremely helpful to members of TNAA.

Protect

"There are so many different rare conditions and the TNAA is a member of Rare Voices Australia.

"I believe there are over 7,000 rare conditions and that number is rising because of genetic testing.

"It is impossible for healthcare professionals to know every rare condition."

"Rare Voices Australia has a website with rare conditions listed and I think that nurses need to keep an open mind and believe people about what they are saying they are experiencing."

Malcolm advised that those curious about TN visit the TNAA website or attend one of the many support group meetings.

"We are grateful for the opportunity to explain a little about TN and its effect on people," he said.

"We are very happy to help any ANMF SA members learn more if they have an interest in TN, even if they learn about the signs of TN and what drugs TN responds to, that would be an incredible help."

The reasons why people have TN vary greatly — for some, it is because of an injury; trauma to the head; dental work; something pressing on the nerve, like an artery; brain tumour; MS or the shingle virus and, for some, there is no logical reason why medical professionals believe the sheath surrounding the trigeminal nerve is damaged.

For more information...

tnaaaustralia.org.au
rarevoices.org.au

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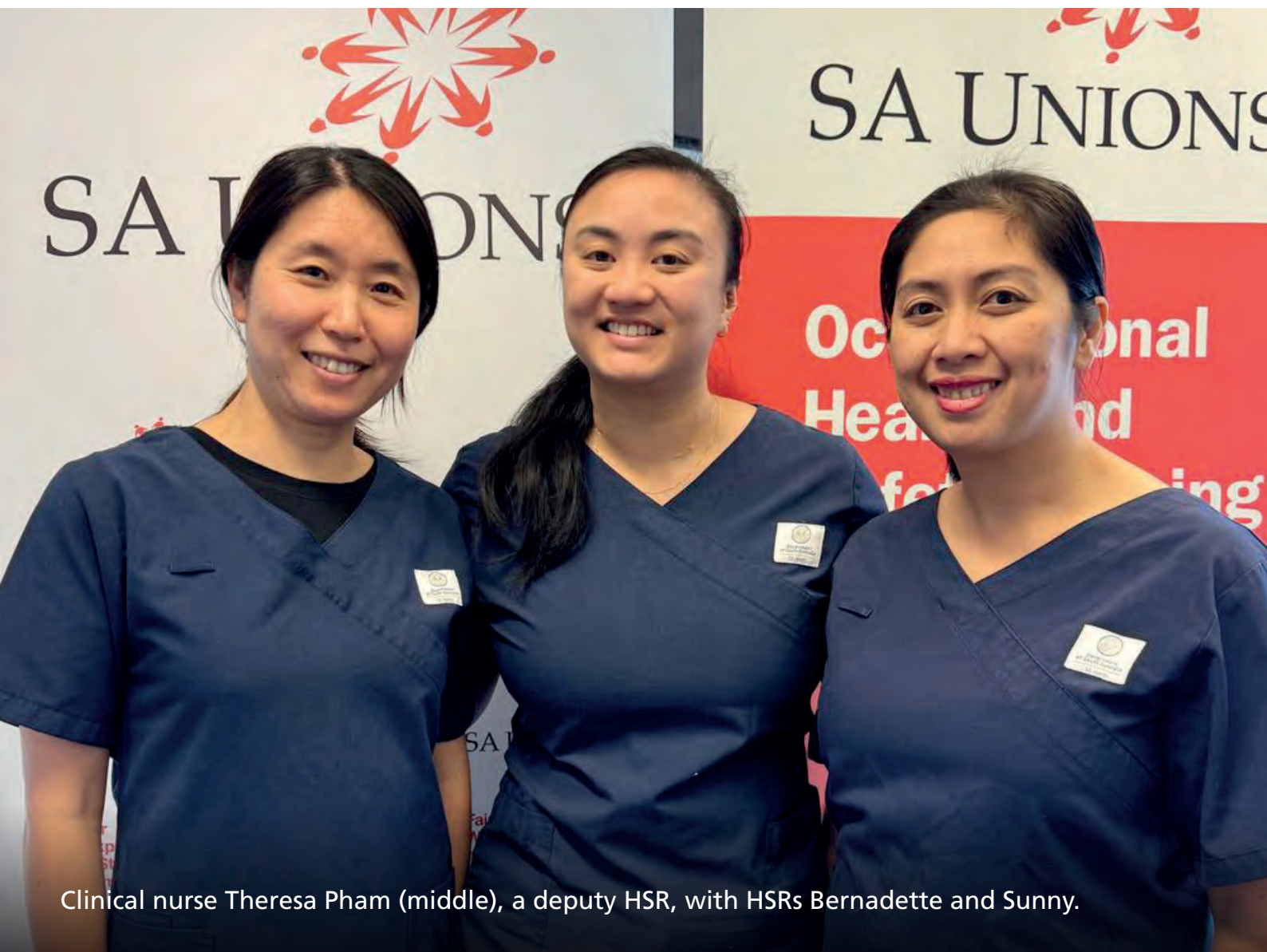
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Australian Nursing
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Clinical nurse Theresa Pham (middle), a deputy HSR, with HSRs Bernadette and Sunny.

WHY THERESA CHOSE SAFETY OVER SHYNESS

Clinical Nurse Theresa Pham was elected as a worksite representative (WSR) in 2024, working at the Medical Short Stay Ward (MSSW) of the Women's and Children's Hospital.

During her WSR training, she learnt that she would be dealing with the health and safety representative (HSR).

Theresa worked passionately to organise a health and safety group through an election process.

"I worked together with my NUM, in organising the election and the nomination process," Theresa explained.

Theresa believes it's important to always have a voice for health and safety in the ward and it was a pivotal moment that prompted other people to consider taking on the challenge.

"We had the nomination process and there were quite a few people that were interested," she said.

"We went through the election process and I was nominated as deputy HSR. Then, we also had two HSRs get nominated and we went through the training process."

While her shy nature meant she did not feel the most likely option for a 'voice,' Theresa felt empowered by her coworkers to be an advocate.

"I was a bit scared to be honest," she recalled, "I knew that there was a lot ahead of me in terms of the work that needed to be done and in terms of unionism."

Develop

"I'm a nurse first and foremost; I do clinical work.

"I'm also a worksite rep, which is like a unionist, so we fight for patient rights and workers' rights, essentially.

"I'm actually quite introverted, but patient advocacy has always been something that you need as a nurse.

"I'm a big believer in 'if you don't say something, then nothing gets done and if you want something to change, there's no better person than you to change it.'

"You can't fix everything in the world, but small things do accumulate to big changes."

Theresa presented her accomplishments at the WSR/HSR Annual Conference in August of 2024. In 2026, she's continuing to forge a safer future for her ward.

"If you think about it, we've made changes that our ward hasn't seen in so long," she said.

"If we can keep that momentum going, who knows what we could achieve if we had more WSRs and more HSRs with the same level of grit, resilience and initiative that we have currently.

"We could do anything we wanted if we worked collaboratively."

She added that her pathway to winning the Rising Voice Award from SA Unions was the product of her communication and solidarity with the staff in her ward who inspired her to act.

"Actually, I was talking to a friend on night shift about how I had always been interested in unionism when I was working in Sydney, and then she mentioned that she was a WSR," she said.

"She was the WSR on my current ward and she mentioned that she should recruit me and then, we were the dynamic duo for our ward.

"I do want to clarify that it's not just me — my team is a big part of our success, so, I'm one of three.

While Theresa works as the deputy HSR, fellow colleagues and HSRs Bernadette and Sunny, who are based in the MSSW, are also key to her success.



The ANMF has worked with SA Unions to offer a SafeWork SA-approved WHS Representatives Stage One course, tailored to the needs of the healthcare industry.

"Without them, I would not be anywhere near as successful and nowhere near as proactive or resilient as I am today," Theresa said.

"A big part of our success, as well, is how compliant and how interactive our management work in terms of supporting our HSRs, as well as allowing us to have that time to be able to dedicate towards health and safety initiatives for the ward."

She emphasised the importance of communicating with the ANMF SA to create meaningful change.

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Mark Marno (right), pictured with nursing colleagues, works as a school nurse at Prince Alfred College in Kent Town, SA.

MORE THAN MEETS THE PUPIL: AN EYE ON SCHOOL NURSES

South Australian School Nurses Association (SASNA) President Mark Marno is the first to admit he was never destined to be 'the world's best ward nurse.' However, as a registered paediatric nurse, graduating from the University of Birmingham in 2001, he has all the expertise needed to excel in a role he believes is both undervalued and essential: school nursing.

For Mark, the appeal of school nursing comes down to two things he found lacking in hospital settings — time and the opportunity to build meaningful relationships with young people.

"We had to choose a specialty halfway through our degree, and I was already working with children through my church," he said.

"I really enjoyed it, so children's nursing felt like the right path."

Originally from Northern Ireland, Mark's career has taken him across a respiratory ward at the Royal London Hospital, a children's hospice back home, and a residential home for children in care. His first school nursing role was at Belfast High School — the very school he once attended.

"It was actually the last job I planned to apply for," he said.

"I'd been knocked back several times, often, from what I could tell, because of my gender.



"Interviewers would ask what I'd do if a girl came to me about her period."

Mark's response was always the same: he would point out that testicular cancer is the most common cancer among adolescent boys, and that a male nurse might be the more approachable option for some students.

His perspective eventually resonated, and he went on to work at the City of London School, an all-boys school of around 900 students.

Then life took a turn — he met his wife, an Adelaide local.

"She brought me over here and now I'm at Prince Alfred College, another all-boys school, this time in Adelaide," he said.

A Different Landscape in South Australia

Mark describes his arrival in South Australia as a 'culture shock.'

"When I first came out, I contacted lots of schools to let them know my experience and how keen I was to get involved," he said.

"I quickly learned that South Australia doesn't have a large network of school nurses."

Unlike other states and territories, South Australia has no state-run school nursing program, and many private schools do not employ nurses at all.

There are very few schools that have school nurses; those that have them are either Catholic or independent.

"Based on a study SASNA undertook a couple of years ago, we estimate that only about 30 to 35 schools out of roughly 700 in South Australia have a school nurse," he said.

Mark hopes SASNA's advocacy — supported by organisations such as the ANMF (SA Branch) — will help shift perceptions and expand access to school nursing across the state.

"Society still has this idea of the old granny knitting in the corner waiting to hand out Band-Aids," he said.

"However, school nursing done well is far more proactive."

According to Mark, effective school nursing involves:

- looking for opportunities to get involved in health promotion and health education in schools to promote health literacy;
- supporting students to better manage their own health as they move into adult life to maintain better health and appropriately access health services;
- managing acute chronic and complex needs, reducing Emergency Department (ED) visits and absenteeism, and administering medication safely;
- collaborating with teachers and staff to implement health plans at schools;
- identifying issues early and guiding families toward appropriate care

"The role, when properly utilised, is so much more than that of a glorified first aider," he said.

Mark credits the ANMF (SA Branch) for helping reinvestigate the profession locally.

"They've been fantastic in supporting school nurses and advocating for more positions across South Australia," he said.

"They've partnered with SASNA to deliver professional development tailored specifically to school nursing.

"So, the ANMF are doing a great job at helping us to take things forward in school nursing when things have been maybe a bit stagnant."

Trust That Lasts

One of the greatest strengths of school nursing, Mark said, is the ability to build long-term trust with students and families.

He recalls a moment early in his school nursing career that cemented his passion for the role.

"I was in my first year at the City of London School, I was staying back late to finish paperwork," he said.

"A student came in around 5pm with a friend who didn't even attend the school.

"They'd been skateboarding, and the friend had injured his leg.

"They walked 20 minutes through London because the student trusted me.

"He knew who I was, knew that I was a reliable person to go to and I happened to be out pinning up posters at the entrance when this kid came in, with his mate using his skateboard as a crutch as he walked towards me."

Mark immediately recognised the injury as a broken leg. He arranged hospital care and stayed with the boy until his parents arrived.

"He had very, very clearly broken his leg, but this kid thought it was worthwhile, even after hours, to come and seek the help of the school nurse because he trusted me.

"It was really stupid for them to walk 20 minutes to come and see me but, in some ways, it was a real honour that this kid had thought I was good enough to be the person that was going to assess his friend who didn't even attend the school and give him the right care."

That moment summed up what school nursing is all about — trust, connection, and using your skills to support young people when they need it.

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Libby Trainor Parker on advocacy, women's health and a new era of care.

FINDING HUMOUR IN HEALTHCARE

When life gives you lemons — pour some tequila, grab the salt and book an Uber to a karaoke bar.

That's the advice from passionate patient advocate and Adelaide-based writer, Libby Trainor Parker, who will feature at the ANMF (SA Branch)'s Annual Professional Conference (APC) on August 6 on the back of launching her second novel, *A Common Misconception: a how-to guide to surviving miscarriage, infertility and grief*.

It follows the success of Libby's debut, *Endo Days: Life, Love, and Laughter with Endometriosis*, which offered a candid and comedic look at living with chronic illness, combining personal anecdotes with practical advice and much-needed levity.

Libby — who also works as a comedian, journalist, teacher and cabaret performer — said she was thrilled to be invited to present at this year's APC, to be held on August 6, with this year's theme of 'A New Era of Care: Equity, Innovation and Global Responsibility, resonating with her.

The APC is the largest and most popular event held by the ANMF (SA Branch) each year, with more than 250 members last year attending to hear from a range of renowned speakers on topical issues affecting nursing, healthcare and midwifery.

"I am excited about a new era of care. I spend a lot of time in the health sector as a patient

and as an advocate, and I can see so much positive change happening", Libby said.

"I think patients and practitioners are working together a lot more, which is making a huge difference.

"People are becoming more empowered and educated about physical and mental health.

"Community consultation has become a priority in the research and innovation happening in my neck of the woods — endometriosis, adenomyosis, pelvic pain and pregnancy loss — and I am very grateful for that."



Following a late endometriosis diagnosis at 36 years old, two decades after first presenting with symptoms, Libby has dedicated her life to advocating for people with chronic illness, pain and disability.

"Thanks to awareness and education, the lag time in diagnoses is decreasing, which is great, but it still takes an average of 6.4 years before a patient's symptoms are recognised as endometriosis," she said.

"There are many reasons for this, but one of the main ones is that it has traditionally required laparoscopic surgery to confirm endo and there probably aren't enough gynaecologists trained in diagnostic surgery.

"There have been huge advancements in radiography, though. Specialised ultrasounds are being developed with a hope to get patients diagnosed sooner and improve the quality of excision surgery.

"We still have a lot to learn, but it is really starting to happen.

"Some of the other reasons why a diagnosis can be delayed are due to the normalisation of pain, especially in families where grandmother, mother and daughter all have pain with periods, so the knowledge has been passed down that severe pain is normal.

"Sometimes it's not diagnosed because the topic of period and pelvic pain is taboo, so it's not discussed, so patients don't have the language or confidence to ask for help.

"Sometimes patients' pain is misdiagnosed as a symptom of mental illness, or they're told it's a digestive condition.

"Sometimes, a referral to a gynaecologist is at the end of a long list of other investigations, despite cyclical pelvic pain being the main symptom.

"So, awareness and education are crucial to empower patients to advocate for themselves and each other."

She believes every person has a right to appropriate, quality, healthcare and support. Now, with a fresh diagnosis of neurodivergence in her 40s, Libby is on another mission to empower people to learn about their bodies and brains so they can take charge of their physical and mental health.

Libby runs Endo Support SA, is an affiliate member of Australian Coalition for Endometriosis (ACE), a Member on

the Advisory Board for the Robinson Research Institute, a Member of the Adelaide Fringe Disability Committee and she has co-authored and worked on committees for various women's health and research projects.

"I've had a range of experience in the healthcare sector, particularly while I was trying to solve the mystery of my pelvic pain and when I was going through treatment for infertility and pregnancy loss," she explained.

"It has been a tough road, but when life gives you lemons — pour some tequila, grab the salt and book an Uber to a karaoke bar."

In 2025, Libby won the 'Spirit of the Fringe Weekly Award' and had also received the 'Women in Innovation Arts Award' 2023, 'SA Woman of the Year All-rounder Award' 2022 and the 'Best Cabaret' Adelaide Fringe Weekly Award for her show, Endo Days, in 2021.

"I use humour to get through some of the really tough stuff I've lived through, and I use entertainment to educate and empower people," she added.

"I have learned that there is a funny side to almost everything — *almost*.

"The whole voyage made me realise that if I don't pass on the knowledge and experiences I gained going through this stuff, and if I don't dedicate myself to making people feel seen, heard and validated, then I have lived through it for nothing.

"I don't want that, so my mission is to educate, empower, and *endo-tain* people."



Libby Trainor Parker looks forward to delivering a captivating speech at the Annual Professional Conference.



Giridharan was Chair of Multicultural Australia from 2021 - 2024 and a member of the Queensland Multicultural Advisory Council from 2019 - 2024.

UNIONS, UNITY AND YOU: RACE COMMISSIONER'S MESSAGE FOR SA

Ahead of the Annual Professional Conference (APC), to be hosted by the ANMF (SA Branch) on August 6, keynote speaker Giridharan Sivaraman gave attendees a peek behind the curtains for what to expect on the day.

Now serving as Australia's Racial Discrimination Commissioner, Giridharan has spent his career standing alongside people who have experienced racism, including many working in health. He said the APC offers a rare opportunity to bring these conversations into the open.

He explained that racism is a complex issue to navigate when it comes to Australia's health system, for both staff and those seeking care.

"Racism makes people sick and it stops people who are sick from getting better — and sometimes, it kills people," he said.

"I thought the APC was a really great opportunity, and I'm grateful to the union for doing it."

For Giridharan, the connection between anti-racism and the union movement is personal. Before joining the Australian Human Rights Commission, he spent more than two decades as a lawyer representing workers — including members of the ANMF in Queensland and New South Wales.

"If you want to bring about systemic change, nobody has a greater record of doing that than the trade union movement," he said.

"The thing about health, that often makes it challenging, is that the responsibility gets so dispersed and there are so many

players in the field, not just the employer and the union; there are regulators and bodies that have been set up to represent particular nursing constituencies, like community-based nursing orgs; the minister, the minister's representatives and the Department [for Health and Well-being]."

He said it was important to build an understanding of how racial discrimination can impact each step of someone's employment journey.

Giridharan shared the experience of a woman he knows who migrated from Nepal to study nursing in Townsville.

"She completed her degree at James Cook University — qualified, graduated — and then was told she'd need to sit an English proficiency test to work as a nurse," he said.



"For her to do that, she'd have to come to Brisbane, which is about two hours away, so: buy the plane ticket, take the time off work, get carers for her kids because she's a single mum, pay for the test and pay for the hotel because you'd have to get there the night before.

The test was only available in Brisbane. The cost of flights, accommodation, childcare, time off work and the test fee added up to around \$8,000 — money she didn't have as a single parent.

"She's now working in aged care as a carer while watching her classmates move ahead in their nursing careers," he said.

"She's stuck, even though she passed the degree and that's systemic racism.

"If she'd come from England, New Zealand, the USA or Canada, she wouldn't have had to do that test."

None of this involved slurs or overt hostility — but the outcome was the same: a barrier that only some groups face.

Giridharan said that racial discrimination in the health sector is not limited to staff or patients specifically, since even second-order matters can have direct consequences.

"For example, if you choose not to fund regional health centres, and you also know that regional areas are more likely to have indigenous populations or perhaps other populations that are not white, you are, in fact, making a systemic decision that is racist in operation because it means those populations are less likely to get help."

He concluded that nurses and midwives were fundamentally good people, looking to help others and he looks forward to speaking more at the APC about how they can get involved in anti-racism efforts.

"Nursing is a noble profession and nurses are noble people, they'll often go above and beyond to help, it's almost like it's in their DNA," he said.

He encouraged attendees to reflect on the influence they hold, no matter their role.

"Wherever you are, identify the power and privilege you might have. You might be able to contribute to committees or groups working to bring about cultural safety in your organisation."

For those who consider themselves allies, he had a clear message:

"It's critical that you get involved," he said.

"The burden for change usually falls on the people who experience racism — and that shouldn't be the case."

Further information.

For further information about the APC event, follow the QR code to learn more.

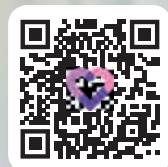
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06

ANMF SA Annual Professional Conference

07

Aged Care Employee Day

07

WSR/HSR Conference 2026

09

International Day of the World's Indigenous People

SEP

07

Women's Health Week

08-10

WSR Stage 1

10

R U OK? Day

17

World Patient Safety Day

29

World Heart Day

OCT

01

National Safe Work Month

01

International Day for Older Persons

05

Labour Day

13-15

WSR Stage 2

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