MIGRANT & REFUGEE HEALTH PARTNERSHIP

Developing a learning framework for health practitioner education:

Culturally responsive practice with older people in health and aged care

Feasibility report

July 2018

Executive summary

Australia's migrant and refugee population is growing, getting older and more diverse. These demographic changes have significant implications for nursing practice overall, specific complexities arise in the context of working with older people in aged and dementia care, end of life care, and palliative care. Noting the heterogeneity of the cohort, these complexities include the intersectionality of culture, language, religion, ethnicity, pre-migration experiences and gender.

The *Code of conduct for nurses*, set by the Nursing and Midwifery of Australia expects that nurses provide safe, person-centred and evidence-based practice, recognising the role of family and community with respect to cultural and religious diversity. Further, the *Registered Nurse Standards for Practice* recognise the rich mixture of cultural and linguistic diversity in the Australian community, and the importance of history and culture to health and wellbeing. Accreditation standards for entry to practice nursing programs of study include provisions directly relevant to nurse education about working with people from migrant and refugee backgrounds.

The review of the approved programs of study demonstrates that, while all registered nurse and enrolled nurse programs of study include content on cultural diversity, there is very limited cross-section with aged care, end-of-life care, or palliative care units. Importantly, the contextualisation of the content occurs through scenarios, case studies and assessments developed and delivered by education providers, as well as in the professional experience placements or in simulated environment. However, the approaches to developing the learning component are varied across education providers, and the scope of the contextualisation in placement depends on its geographical location and population profile.

The feasibility report recommends supporting both tertiary and vocational nurse education, as well as continuing professional development, by developing a practical learning framework informed by evidence, good practice, and professional and consumer/community input.

The proposed learning framework would comprise a series of practical, web-based, voluntary and fee-free learning modules—containing scenarios, assessments, recommended resources, and evidence base—which would be mapped against the approved RN and EN program curricula, as well as the NMBA's *Code of Conduct* and *Standards for Practice*.

The proposed framework would provide a shared, comprehensive, and sufficiently flexible resource that could be applied in a tailored, locally relevant manner, while ensuring a degree of consistency and minimum standard good practice. It would benefit both the education providers—and through them, nursing students—as well as practising nurses who are seeking to undertake continuing professional development on the subject.

The feasibility report recommends a co-designed model that would ensure the development of the learning framework by nurses for nurses, in close consultation with the migrant and refugee settlement sector, including consumers, community, and sector organisations focusing on cultural responsiveness in health services.

Migrant and Refugee Health Partnership

The Migrant and Refugee Women's Health Partnership (the Partnership) is auspiced by Migration Council Australia (MCA).

The Partnership is a national collaboration bringing together clinicians, community and government to improve access to health care for migrants and refugees, with a particular focus on women. The Partnership includes representation from the peak professional bodies for doctors, nurses and midwives. The Partnership works to strengthen the capacity of Australia's health care system to provide equitable health care access, experience and outcomes to migrants and refugees, with a particular focus on women within the cohort.

MCA is a national body that works to enable successful integration of migrants and refugees into the Australian community, and supports Australia's systems to work effectively with Australians from culturally and linguistically diverse (CALD) backgrounds to ensure equity of access, experience and outcomes. MCA combines policy, program and research expertise with extensive migrant and refugee settlement sector reach. MCA auspices a number of national programs, including with a particular focus on migrant and refugee health, and has developed extensive collaborations and expertise on cultural responsiveness in health care.

Overview of the project

Objectives

The purpose of the project was to analyse the feasibility of developing a curriculum framework for tertiary and vocational nursing on cultural responsiveness in aged care.

Scope

This feasibility report presents information on:

- Australia's population diversity and implications for aged care nursing and working with older people from migrant and refugee backgrounds
- Professional standards for nurses – excerpts relevant to care for CALD diverse persons
- Nurse education processes and accreditation standards – pertinent points relevant to care for CALD persons
- Selected review of the Nursing and Midwifery Board of Australia (NMBA) approved entry to practice programs of study with regard to the cultural responsiveness learning content
- Key observations of the feasibility analysis, including preliminary consideration of the positive aspects and areas of concern with regard to the incorporation of cultural responsiveness in nurse education
- Recommendation for the development of a learning framework, including proposed modalities
- Submission from the Australian College of Nursing, representing the views of their members, on the feasibility of developing a learning framework on cultural responsiveness in aged care

Methodology

The report is informed by:

- a review of the current cultural responsiveness learning content across entry to practice programs of study that are accredited by Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by NMBA
- a consultation with the key stakeholders

Review of the approved programs of study

The purpose of the selected review of the NMBA approved entry to practice programs of study was to determine, through keyword search analysis of the key accreditation RN and EN program documents, the extent to which cultural responsiveness and related terminology is linked to Aged Care, End of Life Care, and Palliative Care. The review was undertaken by ANMAC for the purposes of this feasibility analysis.

The review of the approved programs of study covered:

- 2017/2018 RN and EN programs

- Analysis of the key accreditation documents (RN) and National Package (EN) by keyword search
- Identification of the most likely standards and criteria to attract evidence relating to the focus search

ANMAC reviewed all RN programs from 2017/2018 accreditation submissions (n=8) and drew data from three key documents in each submission: Curriculum document; Application Pack, and Unit Outlines/Summaries. This group was a representative sample of 25 per cent of the education providers offering RN programs and ensured that the programs reviewed were the most contemporary.

The documents were searched using the following key words**:** CALD; culture; cultural; cultural diversity; cultural competence; diverse; diversity; diverse people; diverse groups; linguistically diverse; intercultural; inter-racial; person-centred; patient-centred; refugee; migrant.

Each key term was cross matched with the focus areas: Aged Care; End of Life Care; and Palliative Care. The data from each program were then combined to provide an aggregated analysis of all courses. Where search terms were found in secondary source material (e.g., NMBA Standards for Practice), they were not included.

With regard to the EN programs, the following core units of the Diploma of Nursing programs were identified as relevant:

- CHCDIV001 Work with diverse people
- HLTENN013 Implement and monitor care of the older person
- HLTENN012 Implement and monitor care for a person with chronic health problems
- HLTENN002 Apply communication skills in nursing practice

The following elective commonly included in HLT54115 Diploma of Nursing programs was also identified as relevant:

- HLTENN010 Apply a palliative approach in nursing practice (a random selection of the Diploma of Nursing programs as advertised online revealed that 93 per cent of programs included this unit of competency - sample size of 15).

The units were searched using the following key words: CALD; cultural diversity; cultural safety; cultural competence; diverse people; diverse groups; diversity; language; linguistically diverse; intercultural; inter-racial; person-centred; patient-centred; end of life; palliative care; aged care; older person.

Consultation with stakeholders

The consultation with the key stakeholders was undertaken as follows:

- Targeted meeting with the selected key stakeholders, either in person or over telephone to inform the feasibility analysis and the formulation of the recommendations
- Circulation of the proposed recommendation for comment or input

The following stakeholders were consulted as part of the process:

- Nursing and Midwifery Board of Australia
- Australian College of Nursing
- Australian Nursing and Midwifery Accreditation Council
- Council of Deans of Nursing and Midwifery
- Debbie Blow, TAFE Queensland/TAFE Directors Australia
- Australian Nursing and Midwifery Federation

The stakeholders were consulted, among other things, with regard to the following:

- relevant professional standards for nurses and related considerations in the context of working with people from migrant and refugee backgrounds, including older people
- overarching objectives and directions with regard to effectively supporting nurse education and continuing professional development, and appropriate modalities

Australian Skills Quality Authority and the Federation of Ethnic Communities' Councils of Australia were informed about the feasibility analysis.

Caring for older people in the context of population diversity

The data from the last two censuses demonstrate that Australia's population is growing, getting older and more diverse. These demographic changes have significant implications for nurses working with older people in health and aged care settings.

Growing ageing population

Australia's population is growing older. Over the last 20 years (1996-2016), the proportion of the population aged 65 years and over increased from 12 per cent to 15.3 per cent.[1] This population is projected to increase more rapidly over the next decades (to reach 18–19 per cent of the population in 2031 and 22–25 per cent of the population in 2061), as further cohorts of those born between 1946 and 1964 turn 65.[2]

As life expectancy increases, the older population is growing at a faster rate than the general population. Over the same period (1996-2016), the proportion of persons aged 85 years and over increased by 141.2 per cent, while the total population growth was 32.4 per cent.[3] In 2012, it was projected that the number of Australians aged 85 and over would more than quadruple by 2045 (from around 0.4 million in 2010 to 1.7 million in 2045).[4]

Diversity

The older population of persons from migrant and refugee backgrounds, including those from CALD backgrounds, is growing. In 1981, 25 per cent of people aged 65 and over were born overseas. This proportion grew to 36 per cent in 2011,[5] with 61 per cent of them born in non-English speaking countries. Language diversity patterns of older Australians mirror migration patterns. In 2011, early post-war European migration patterns influenced the most commonly spoken non-English languages for people aged 65 and over (Italian (23 per cent) and Greek (14 per cent)). The language profile of older Australians is likely to change with the shift in migration source countries as the proportion of European migration declines and the proportion of Asian migration increases.[6]

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[1] Australian Bureau of Statistics, 3101.0 – Australian Demographic Statistics, June 2016, Feature Article: population by age and sex, Australia, States and Territories

[2] Australian Bureau of Statistics, 3222.0 Population Projections, Australia 2012 (base) to 2101, Projection results - Australia

[3] Australian Bureau of Statistics, 3101.0 – Australian Demographic Statistics, June 2016, Feature Article: population by age and sex, Australia, States and Territories

[4] Australian Bureau of Statistics, 3222.0 Population Projections, Australia 2012 (base) to 2101, Projection results - Australia

[5] Australian Bureau of Statistics (ABS) 2012. Reflecting a nation: stories from the 2011 Census, 2012-2013. ABS cat. no. 2071.0. Canberra: ABS; Cited in: Australian Institute of Health Welfare, Older Australia at a Glance, web report, Demographics of older Australians, Australia's changing cultural and linguistic profile, last updated 21 April 2017

[6] Australian Bureau of Statistics (ABS) 2011. Census, unpublished data generated using ABS TableBuilder. Canberra: ABS. Cited in: Australian Institute of Health Welfare, Older Australia at a Glance, web report, Diverse groups of older Australians, Culturally and linguistically diverse people, last updated 21 April 2017

Implications for aged care nursing

According to the Aged Care Financing Authority *Report on the Funding and Financing of the Aged Care Sector 2017*, as of 30 June 2016 there were 15,940 older Australians from CALD backgrounds receiving a home care package, representing almost 25 per cent of total home care consumers. Further, as of the same date, there were 33,822 older Australians from CALD backgrounds in residential aged care (both permanent and respite). This represents around 19 per cent of all residents, and the number has been steadily increasing with a 0.4 per cent rise from the previous reporting term and further growth projected.

However, it is important to note that older people from CALD backgrounds in particular experience substantial barriers and vulnerability with regard to accessing and experiencing health and aged care services. Language is a major barrier even for established CALD communities as language, particularly English as an acquired language is lost with isolation, age and with conditions affecting memory.[7]

Health and wellbeing needs of people from CALD backgrounds are compounded by risk factors including socioeconomic disadvantage, cultural translation difficulties, lack of exposure to Australian services and systems, and lower rates of access to services[8] in addition to language barriers. Older migrants, in particular women, are recognised as ageing prematurely and experiencing social isolation.[9]

A major health issue for older persons from CALD backgrounds is mental health. Older people from migrant and refugee backgrounds have a higher risk of mental health issues than the population born in Australia and tend to present at later stages of illness. There is also a poor understanding and cultural stigma attached to dementia that leads to denial of the condition and/or delayed diagnoses. Those who migrated to Australia at an older age, or who are from refugee backgrounds, face an even higher risk of mental health issues.[10]

There is great diversity within the older population from migrant and refugee backgrounds, and their distinct characteristics—including cultural, religious, and linguistic considerations, and family and community influences—have implications in the context of the provision of safe and quality care to this cohort.

While working with people from migrant and refugee backgrounds is relevant to nursing practice overall, specific complexities arise in the context of working with older people in aged and dementia care, end of life care, and palliative care. These include the intersectionality of culture, language and communication, religion, ethnicity, pre-migration experiences including trauma, as well as age and gender.

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[7] Issues in Health Care in South Australia for People from Culturally and Linguistically Diverse Backgrounds, A scoping study for the Health Performance Council, September 2015, p.5

[8] Ibid., pp. 7, 17

[9] Ibid., p.18

[10] Issues in Health Care in South Australia for People from Culturally and Linguistically Diverse Backgrounds, A scoping study for the Health Performance Council, September 2015; Cited in SkillsIQ, Enrolled Nursing Industry Reference Committee, Draft 2018 Industry Skills Forecast for Public Consultation

Overview of professional standards for nurses

The *Code of conduct for nurses*, set by NMBA, applies to all types of nursing practice in all contexts. It sets out expectations that nurses provide safe, person-centred and evidence-based practice, with the definition of person-centred practice recognising the role of family and community with respect to cultural and religious diversity. Further, the following table provides a summary of the provisions, which make specific reference to circumstances relevant to working with people from migrant and refugee backgrounds in nursing practice.

Domain	Principle	Professional behaviour and conduct expectations
Practise safely, effectively and collaboratively	Principle 2: Person-centred practice	2.3 Informed consent In supporting the right to informed consent, nurses must: a. support the provision of information to the person about their care in a way and/or in a language/dialect they can understand, through the utilisation of translating and interpreting services, when necessary. This includes information on examinations and investigations, as well as treatments.
	Principle 3: Cultural practice and respectful relationships	3.2 Culturally safe and respectful practice Culturally safe and respectful practice requires having knowledge of how a nurse's own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. To ensure culturally safe and respectful practice, nurses must: a. understand that only the person and/or their family can determine whether or not care is culturally safe and respectful b. respect diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among team members c. acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels d. adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs)

		e. support an inclusive environment for the safety and security of the individual person and their family and/or significant others, and f. create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including people and colleagues.
		3.3 Effective communication Positive professional relationships are built on effective communication that is respectful, kind, compassionate and honest. To communicate effectively, nurses must: a. be aware of health literacy issues, and take health literacy into account when communicating with people b. make arrangements, whenever possible, to meet the specific language, cultural, and communication needs of people and their families, through the utilisation of translating and interpreting services where necessary, and be aware of how these needs affect understanding c. endeavour to confirm a person understands any information communicated to them
		3.6 End-of-life care In providing culturally appropriate end-of-life care, nurses must: c. respect diverse cultural practices and beliefs related to death and dying.
Act with professional integrity	Principle 4: Professional behaviour	4.1 Professional boundaries To maintain professional boundaries, nurses must: c. avoid the potential conflicts, risks, and complexities of providing care to those with whom they have a pre-existing non-professional relationship and ensure that such relationships do not impair their judgement. This is especially relevant for those living and working in small, regional or cultural communities and/or where there is long-term professional, social and/or family engagement.
Promote health and wellbeing	Principle 7: Health and wellbeing	7.2 Health advocacy There are significant disparities in the health status of various groups in the Australian

		community. These disparities result from social, historic, geographic, environmental, legal, physiological and other factors. Some groups who experience health disparities include Aboriginal and/or Torres Strait Islander peoples, those with disabilities, those who are gender or sexuality diverse, and those from social, culturally and linguistically diverse backgrounds, including asylum seekers and refugees. In advocating for community and population health, nurses must: a. use their expertise and influence to protect and advance the health and wellbeing of individuals as well as communities and populations.

Standards for practice form part of the NMBA's professional standards. The *Registered Nurse Standards for Practice* recognise the rich mixture of cultural and linguistic diversity in the Australian community, and the importance of history and culture to health and wellbeing. Further, the definition of person-centred practice in the standards for practice for both registered and enrolled nurses recognises the role of family and community with respect to cultural and religious diversity. This table provides a summary of the standards related to working with people from migrant and refugee backgrounds.

Standards for practice	Standard	Criteria/Indicators
Registered nurse 2016	Standard 1: Thinks critically and analyses nursing practice	The registered nurse: 1.3 Respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait islander peoples and people of other cultures.
	Standard 2: Engages in therapeutic and professional relationships	The registered nurse: 2.2 Communicates effectively, and is respectful of a person's dignity, culture, values, beliefs and rights.
	Standard 4: Comprehensively conducts assessments	The registered nurse: 4.1 Conducts assessments that are holistic as well as culturally appropriate.
Enrolled nurse 2016	Standard 2: Practises nursing in a way that ensured the rights, confidentiality, dignity and respect of people are upheld	The enrolled nurse: 2.3 Demonstrates respect for others to whom care is provided regardless of ethnicity, culture, religion, age, gender, sexual preference, physical or mental state, differing values and beliefs.

		2.4 Practises culturally safe care for (i) Aboriginal and Torres Strait Islander Peoples; and (ii) people from all other cultures.

Overview of nurse education processes and accreditation standards

Registered and enrolled nurse education

Registered nurse (RN) education occurs in the Tertiary Education Quality and Standards Agency (TEQSA) accredited universities and higher education institutions and requires students to complete a NMBA approved nursing program at Australian Qualification Framework (AQF) level 7 (Bachelor degree) or above. Courses leading to registration as a RN are typically 3 (6 semesters) years in duration. The RN accreditation standards require students to undertake a minimum of 800 professional experience placement hours in a variety of relevant settings.

Enrolled nurse (EN) education in Australia occurs in the Vocational Education and Training (VET) sector and requires students to complete a NMBA approved Diploma of Nursing program through a private or public Registered Training Organisation (RTO) registered with the Australian Skills Quality Authority (ASQA) or other state regulators. The program's structure, design and content is derived from the National Health Training Package, which includes the qualification required to gain registration as an enrolled nurse in Australia (HLT54115 Diploma of Nursing). This qualification currently contains 20 core units of competency, and a list of elective units, 5 of which must be selected and included by the RTO in the course making a total of 25 units. Further, a minimum of 400 hours of professional experience, i.e. clinical placement, is required to be successfully undertaken by each student undertaking the Diploma of Nursing.

Nursing programs of study are assessed against approved RN and EN accreditation standards by ANMAC, which recommends programs suitable for approval to NMBA. This table provides a summary of the provisions across the accreditation standards for entry to practice nursing programs, which are directly relevant to nurse education about working with people from migrant and refugee backgrounds.

Accreditation standards	Standard	Criteria
Registered nurse 2012 – *under review*	Standard 4: Program content	The program provider demonstrates: 4.1 Inclusion of subject matter that gives students and appreciation of the diversity of Australian culture, develops their knowledge of cultural respect and safety, and engenders the appropriate skills and attitudes to enable culturally safe practice.
Enrolled nurse 2017	Standard 4: Program content	The program provider demonstrates: 2.4 Inclusion of subject matter that gives students an appreciation of the diversity of Australian culture,

		develops their knowledge of cultural respect and safety, and engenders the appropriate skills and attitudes to enable culturally safe practice. 4.8 Elective units in the program are relevant to the community's health priorities as determined through consultation with key stakeholders, including industry representatives.

Review of approved programs of study

Results of keyword search in registered nurse program units

Documents reviewed:

- Application package   n = 8
- Curriculum document   n = 7 (+1 amalgamated with Application package)
- Unit outlines   n = 8

Key term	Aged care	End-of-life care	Palliative care	Comments
CALD	5			Included in content relating to older people, families, communities and healthy ageing, including areas such as the impact of multiculturalism on health care needs of older Australians, common health issues affecting older people including those with a CALD background.
Culture	20	2	3	Used when quoting the Standards for Practice and Code of Conduct for nurses. Mentioned the most with Aboriginal and Torres Strait Islander information. The term culture was most frequently related to research or inclusive teaching or nursing 'culture'.
Cultural/lly/ Cultural Diversity	30	9	14	Evident in the documentation but not in relation to the key concept areas. Linked with terms such as 'competent', 'issues', 'perspectives', 'communication', 'individual and community concerns'. The term 'multicultural' was used frequently in nursing units which discussed understanding patients. It was also used in the context

				of overseas study experience.
Cultural competence	1		1	A curriculum thread that is interwoven throughout the course.
Diverse	3	2	2	Used in relation to responding to consumers and carers from diverse backgrounds. 'Diverse' is found often in relation to variety of student backgrounds and ability. These have not been included in the totals.
Diversity	6	1	1	Most frequently used in contexts relating to CALD, e.g. "a graduate attribute of the university is to demonstrate respect for the dignity of each individual and for human diversity". Included as topic in units, e.g. students might "demonstrate an appreciation of the diversity of cultural perspectives, values and beliefs" or "apply principles of person-centered care and diversity in the provision of nursing care" or "demonstrate diversity and inclusive practice in the workplace". Also found in different contexts, including a diversity of practice experiences.
Diverse people				Used in the context of student support for academic skills development.
Diverse groups				Broadly mentioned as a program objective, e.g. "apply principles of social justice and cultural competence in responding to the needs of people from culturally, socially diverse and vulnerable populations".
Linguistically Diverse				Term not found
Intercultural				Broadly mentioned in curriculum principles in terms

				of developing students' intercultural capability across the curriculum. An example principle might be "culturally responsive nurses learn from individuals from other cultures as well as from their own".
Inter-racial				Term not found.
Person-centred	10	8	8	A curriculum thread that is interwoven throughout the course. Used to articulate the role of the nurse and how a nurse fits into the continuum of care as an independent and interdependent practitioner who functions as part of a multidisciplinary team to provide person-centred, culturally sensitive, globally informed health care which also recognises and respects Indigenous knowledge.
Patient-centred				Identified in the course outcomes but not linked to the key terms.
Refugee				Found in relation to global health.
Migrant				Appeared in a Unit Descriptor, in which changes in the Australian health care system were considered in the context of numerous issues including migration.

Results of keyword search in enrolled nurse program units

CHCDIV001 Work with diverse people

Element	Performance criteria
1. Reflect on own perspectives	1.1 Identify and reflect on own social and cultural perspectives and biases.
3. Communicate with people from diverse backgrounds and situations	3.1 Show respect for diversity in communication with all people. 3.3 Where a language barrier exists, use effective strategies to communicate in the most efficient way possible.

4. Promote understanding across diverse groups	4.2 Where difficulties or misunderstandings occur, consider the impact of social and cultural diversity.
Performance Evidence	The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has: • undertaken a structured process to reflect on own perspectives on diversity • recognised and respected the needs of people from diverse social and cultural backgrounds in at least 3 different situations • selected and used appropriate verbal and non-verbal communication • recognised situations where misunderstandings may arise from diversity and formed appropriate responses

Knowledge evidence	The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role.
	
	This includes knowledge of:
	• concepts of cultural awareness, cultural safety and cultural competence and how these impact different work roles
	• concepts and definitions of diversity
	• own culture and the community attitudes, language, policies and structures of that culture and how they impact on different people and groups
	• features of diversity in Australia and how this impacts different areas of work and life:
	    ○ political
	    ○ social
	    ○ economic
	• resources that support individuals and organisations to embrace and respond to diversity:
	    ○ language and cultural interpreters
	• influences and changing practices in Australia and their impact on the

	diverse communities that make up Australian society
	• legal and ethical considerations (international, national, state/territory, local) for working with diversity, how these impact individual workers, and the consequences of breaches
	• key areas of diversity and their characteristics, including:
	o culture, race, ethnicity
	o disability
	o religious or spiritual beliefs
	o gender, including transgender
	o intersex
	o generational
	o sexual orientation/sexual identity - lesbian, gay, bisexual, heterosexual
	• resources that support individuals and organisations to embrace and respond to diversity
	• impact of diversity practices and experiences on personal behaviour, interpersonal relationships, perception and social expectations of others.

HLTENN013 Implement and monitor care of the older person

Element	Performance criteria
2. Contribute to the care plan for an older person	2.1 Assess the person's health status in consultation and collaboration with registered nurse and using assessment tools specific to the aged care environment.
3. Apply nursing practice in the aged care environment	3.1 Identify external factors and common stereotypes associated with ageing and how these can adversely impact the older person. 3.2 Consider in own practice the impact of complex issues involved in aged care, including impacts on family or carer.
4. Identify requirements and address issues in aged care nursing practice	4.1 Identify legal requirements and possible ethical issues and other issues of concern in aged care practice, including possible signs of elder abuse.
5. Use strategies that relate to the progressive and variable nature of dementia	5.2 Provide activities appropriate to the gender, culture and age of the person with dementia, reflecting their individual likes and dislikes.
Performance Evidence	The candidate must show evidence of the ability to complete tasks outlined in

	elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has: • performed nursing interventions and monitored nursing care for 1 older person with dementia and 1 older person with a physical disability.
Knowledge Evidence	The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of: • the potential impacts of dual or multiple diagnoses on identification and prioritisation of the older person's needs • how to care for a deceased person • legal and ethical issues and considerations, and assessment tools relevant to the older person, • primary health care and services for the older person.

HLTENN010 Apply a palliative approach in nursing practice

Element	Performance criteria
1. Recognise the special needs of a person requiring a palliative approach to care	1.1 Apply principles of palliative care and the palliative approach in undertaking holistic assessment of the person. 1.5 Identify and work within roles and responsibilities of the inter-disciplinary team when planning palliative care for the person. 1.6 Apply in own practice an awareness of the psychosocial impact of palliative care on the person's family or carer.
2. Support person, family or carers using the palliative approach	2.1 Provide the person, family or carer with opportunities to discuss spiritual and cultural issues in an open and non-judgmental manner.
3. Identify and respond to signs of deterioration and the stages of dying	3.5 Support the dignity of the person when undertaking all care activities in their end-of-life stages as well as after their death.
4. Care for the person's body after death and provide support for the family and others	4.3 Ensure care of the person's body is carried out with dignity and respect, and that the person's individual customs, culture,

	religion, spiritual practices and choices are taken into account.
5. Provide for own self-care in palliative care role	5.1 Identify own need for self-care and support and implement effective ways to sustain own social and emotional wellbeing.
Performance Evidence	The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has: • provide nursing care using a palliative approach to 1 person in the workplace including performing nursing interventions with the person through the end-of-life stages and professional interactions with the family or carer.
Knowledge Evidence	The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of: • diverse cultural, religious and spiritual factors underpinning the persons choices at end-of-life • hydration and nutrition requirements during palliative care and at end-of-life.

Key observations

The review of the approved programs of study demonstrates that, while the RN and the EN programs include content on cultural diversity, there is very limited cross-section with aged care, end-of-life care, or palliative care units. An area of particular concern is the limited focus on effective communication in the context of linguistic diversity and in view of people with dementia reverting to their first language :

- RN program units do not include any reference to 'linguistically diverse' population and relevant communication approaches
- EN program units note the need for 'effective strategies' in the context of 'language barriers', without specifying what qualifies an effective strategy, and further refer to the knowledge of 'language and cultural interpreters' as a relevant resource, which is problematic as 'cultural interpreter' is not a term used in the language services industry in Australia

Further, there were no CALD population considerations found in the following units: HLTENN002 Apply communication skills in nursing practice and HLTENN012 Implement and monitor are for a person with chronic health problems.

In view of Australia's humanitarian migration program and the impact of refugee-like experiences on individual health across the life span, it is further concerning the term 'refugee' was only referenced in relation to global health in the RN program units.

Importantly, while all RN and EN programs are required to include content on cultural diversity, the contexualisation of the content occurs through scenarios, case studies and assessments developed and delivered by education providers, as well as in the professional experience placements or in simulated environment. These pathways for integration of unit material in real-world situations are key opportunities for embedding cultural responsiveness into practical learning.

The scope for integrating cultural responsiveness as part of professional experience placements depends on their geographical location and population profile. It is for this reason that, while students may be exposed to the theoretical content and may be assessed to ensure they have the theoretical underpinnings, the integration of this knowledge in the clinical environment cannot be guaranteed and may require scenario, or simulation based experiences. The approaches to developing scenarios and assessments are significantly varied across education providers.

Noting that graduates are expected to meet the NMBA Standards for Practice, including with regard to culturally responsive practice, regardless of the nature of workplace experience placements or simulation exposure, particular focus should be placed on ensuring that the contextualisation of the RN and EN program units is informed by good practice and meets the needs of the Australia's growing population diversity.

Recommendation: Developing a learning framework

Recommended approach

The feasibility report recommends that consideration be given to supporting both tertiary and vocational nurse education, as well as continuing professional development, by developing a practical learning framework informed by evidence, good practice, and professional and consumer/community input.

The proposed approach would resemble the National Cancer Nursing Education (EdCaN) project and learning resources. The EdCaN project provides a learning framework outlining the expectations of nurses working in cancer control. These are supported by a suite of web-based educational resources sufficiently flexible to meet local needs while addressing issues associated with long-term workforce preparation.[11]

The proposed learning framework would comprise a series of practical, web-based learning modules—containing scenarios, assessments, recommended resources, and evidence base—which would be mapped against the approved RN and EN program curricula, as well as the NMBA's Code of Conduct and Standards for Practice. The framework would be made available through an online platform, as well as on a voluntary and a fee-free basis.

The framework would not be mandatory. It would be intended to support education providers in designing and delivering cultural responsiveness content (across the tertiary and the vocational sectors), as well as how it relates to other units of competency, particularly aged, end-of-life and palliative care. Further, it would be intended to support individual nurses to meet their learning needs. The proposed framework would provide a shared, comprehensive, and sufficiently flexible resource that could be applied in a tailored, locally relevant manner, while ensuring a degree of consistency and minimum standard good practice. It would benefit both the education providers—and through them, nursing students—as well as practising nurses who are seeking to undertake continuing professional development on the subject.

The development of the learning framework would be undertaken by nurses for nurses, in close consultation with the migrant and refugee settlement sector, including consumers, community, and sector organisations focusing on cultural responsiveness in health services.

Recommended modalities

It is proposed that the development of the learning framework is overseen by a governance group, comprising representation from the nursing education, professional and standard setting bodies, as well as the migration and settlement sector. The suggested membership is:

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[11] Australian Government, Cancer Australia, Cancer Learning Topics, http://cancerlearning.gov.au/topics/edcan

- Australian College of Nursing
- Council of Deans of Nursing and Midwifery
- TAFE Directors Australia
- Nursing and Midwifery Board of Australia
- Australian Nursing and Midwifery Accreditation Council
- Australian Nursing and Midwifery Federation
- Migration Council Australia

The group would be chaired by a nursing education, professional or standard setting body representative on the governance group. Other members may be considered as necessary, and specialist working groups may be set up to progress certain aspects of the project, as necessary. It is proposed that MCA facilitates the project and provides the secretariat for the governance group, with represented member organisations resourced to contribute expertise to the project, as appropriate. Further, MCA would facilitate national engagement of and consultation with the migrant and refugee settlement sector, including organisations promoting equitable health and aged care access for older people from migrant and refugee backgrounds.

It is proposed that the governance group, among other things, guides the strategy design and implementation, with a view to generating support across sectors.

The framework would have its unique identity in terms of branding and would be identified as a joint product of the participating members of the governance group, subject to the members' agreement.

The development of the learning framework is proposed as a two-year project, which would be implemented in two stages:

Stage One: Consolidation of expertise and evidence-base, stakeholder consultation, and good practice and gap analysis.

It is proposed that an in-depth consultation is undertaken with the education providers for accredited programs of study across the tertiary and the VET sectors, seeking to gain insights into the examples of discrete content and assessments.

A comprehensive review would inform the development of good practice base for the development of the learning modules. This would be complemented by a broader consultation with the community sector and key stakeholder in culturally responsive health care.

This stage would support the scoping of the learning framework development.

Stage Two: Resource development, stakeholder engagement and outreach.

It is proposed that the modules of the learning framework are developed with oversight by the governance group and with targeted input from relevant industry and community stakeholders.

An engagement strategy would facilitate coordination with the education providers, as well as professional bodies to promote the uptake once the framework is finalised, both as part of programs of study and by nurses undertaking continuing professional development.

The strength of this methodology is that it encompasses a comprehensive review of what works with a thorough gaps analysis. It would support education providers in the development and delivery of education and facilitates the provision of evidence- and good practice-based culturally responsive nursing care to people from migrant and refugee backgrounds—including those from CALD backgrounds—particularly in the context of aged and dementia care, end of life care, and palliative care.