Australian College of Nursing

Australian College of Nursing (ACN) submission to the Migrant and Refugee Women's Health Partnership on the *Draft Competency Standards Framework for 'Culturally responsive clinical practice: Working with people from migrant and refugee backgrounds' (March 2018).*

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General comment

The Australian College of Nursing (ACN) recognises that people from migrant and refugee backgrounds face significant physical and mental health challenges through experiencing hardships and inequities. The physical, psychological and social health needs of individuals from migrant and refugee backgrounds may be affected by physical hardship, stress, and legal, economic, and social exclusion. [1] [2] They may experience "discrimination, violence, exploitation, long-term detention, limited or no access to education, human trafficking, malnutrition, and limited or no access to both preventive and essential health services".[3]

ACN believes all refugees and migrants should receive quality holistic health care that addresses their physical and mental health needs, and which includes health promotion and illness prevention. As a member of the Migrant and Refugee Women's Health Partnership, ACN supports the provision of accessible and culturally appropriate care within medical practice. ACN promotes enhanced flow of information to migrant and refugee persons with credible and authoritative guidance on key issues for preventive health and informed treatment.[4]

ACN believes that nurses can make a significant contribution to the health rights of individuals from migrant and refugee backgrounds, particularly around access to health services, and ensuring more positive health outcomes. [5] ACN strongly supports the recommendations outlined in the International Council of Nurses (ICN) position statement (2016) on the health of migrants, refugees and displaced persons. In particular, nurses at all levels should be actively participating to:

- "Provide respectful, culturally-sensitive, and dignified care to migrants, refugees and displaced persons (MRDPs) and their families that acknowledges the intersectionality of their physical, psychosocial, and social needs and challenges."
- "Engage in research to contribute to evidence that expands understanding of issues that relate to MRDP health and can improve healthcare service delivery."
- "Participate in and/or support dedicated local, national, and international organisations in their efforts to address MRDP rights, socio-economic, health, and healthcare needs."

ACN is committed to bringing together health professionals and community representatives to address systemic barriers to access associated with cultural and linguistic diversity. ACN seeks to strengthen health-promoting assets in communities, recognising that improvements in the health and health literacy of migrant and refugee persons have a direct positive impact on family care and community. [6]

ACN's feedback on the Competency Standards Framework

ACN agrees with the definitions provided in the ***Glossary*** section (pages 5-8) of the draft Competency Standards Framework. The list is comprehensive and addresses terms that need to be defined. Similarly, the ***Introduction***

[1] Bronstein L & Montgomery P (2011), "Psychological distress in refugee children: a systematic review". Clinical Child Family Psychology Review, 14(1):44-56
[2] ICN (2016), Position Statement: Health of migrants, refugees, and displaced persons.
[3] Statement by the UN human rights mechanism on the occasion of the UN High Level Summit on large movements of refugees and migrants [press release]. Geneva, Switzerland 2016
[4] ACN (2017), Media Release: Nurses recognise refugee week. Available at: https://www.acn.edu.au/publications/media-release/nurses-recognise-refugee-week
[5] ICN (2016), Position Statement: Health of migrants, refugees, and displaced persons.
[6] ACN (2017), Media Release: ACN Attends 3rd Migrant And Refugee Women's Health partnership Meeting. Available at: https://www.acn.edu.au/publications/media-release/acn-attends-3rd-migrant-and-refugee-womens-healthpartnership-meeting

(pages 9-11) highlights the need for culturally responsive clinical practice and the development of competency standards in a clear and concise manner.

Regarding the ***Curriculum Framework Domains*** (page 12), ACN believes each domain is clearly defined, however the underpinnings of evidence-based practice are lacking. Use of the term "Scholar" may be queried without the individual having any research basis.

Regarding the section titled ***Competency Standards*** (pages 13-17), ACN suggests providing operational examples of clinicians who have demonstrated these standards in practice. Consider including or proposing methods that will be used to measure and assess these competencies once they have been attained. In relation to competency 12.1, which currently states, *"Clinicians continually learn and develop cultural responsiveness by demonstrating awareness of existing and emerging data and research regarding cultural diversity demographics and population health",* ACN suggests adding that clinicians learn and develop cultural responsiveness *"by attending courses, in-services and reading journals".*

Regarding ***Competency Standard 1*** (pages 18-20), ACN questions how the framework will operate as inconsistencies currently exist across jurisdictions on how care is provided to families, and non-evidence based practices are also evident. For example, safe sleeping guidelines vary across states and territories, which may affect how a maternity care provider applies these culturally responsive competency standards. Co-sleeping is a culturally valued practice in many migrant and refugee families. While Queensland policy applies culturally responsive practices, this is not necessarily the case in NSW. Queensland policy supports parents making informed choices after providing them with information about the risks and benefits of shared sleeping. However culturally responsive care in NSW would be less likely due to policy that specifically advocates against co-sleeping arrangements even if it is culturally valued. ACN suggests the need to re-evaluate local policies and guidelines for specific services (e.g. safe sleeping) when considering how culturally responsive approaches will be implemented in practice.

Regarding ***Competency Standard 2*** (pages 21-22), ACN suggests providing clear guidelines on how clinicians are expected to "acknowledge and address" barriers (e.g. expectations listed in a lesson plan). In addition, there is generally a requirement to phone in to access services that can be challenging for persons of migrant and refugee backgrounds. Alternative approaches should be considered.

Regarding ***Competency Standard 3*** (pages 23-27), ACN suggests providing clinicians with educational material that addresses their medico-legal responsibility as well as proposing methods of assessing the medico-legal awareness of clinicians.

Regarding ***Competency Standard 4*** (pages 28-29), ACN suggests rewording this using simpler language. For e.g. "patients with limited or no English *must* have access to an interpreter".

Regarding ***Competency Standard 5*** (pages 30-31), ACN recommends proposing ways to measure whether a clinician understands the impact of cultural and linguistic differences on communication.

Regarding ***Competency Standard 7*** (pages 33-35), ACN queries item 7.2. If the interpreter is deemed competent, then they could provide a written translation or dictate to the clinician.

Regarding ***Competency Standard 8*** (pages 36-38), the only item in this list that addresses the competency standard title is 8.1. The remaining items are tasks the clinician is expected to carry out.

Competency standard 9 (page 39) is well written and specifies what is expected of the clinician.

Regarding ***Competency standard 10***, ACN queries when and how clinicians are expected to establish and maintain community and multi-sectoral networks (i.e. during work or outside of work hours), particularly in busy work environments (e.g. a hospital shift).

With ***Competency Standard 13*** (page 43), ACN also believes modelling the appropriate conduct is likely to be effective in achieving culturally responsive quality health care.

ACN considers ***Practice Point 1*** (page 45) useful in providing clinicians insight into how to use an interpreter more effectively.

Regarding ***Practice Point 3*** (page 46), ACN suggests that the clinician should be mindful of speaking slower and clearly enough to assist the interpreter.

Practice point 5 (pages 48-49) is very useful in detailing what to expect regarding interactions with interpreters. ACN questions whether this approach should "always" be taken, rather than "when necessary and appropriate".