

*Providing culturally appropriate palliative care to
Aboriginal and Torres Strait Islander peoples*

Course



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Prepared for the Australian Government Department of Health and Ageing
by Mungabareena Aboriginal Corporation, Wodonga Institute of TAFE,
and Mercy Health Service Albury (Palliative Care)





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Rural Health and Palliative Care Branch
Australian Government Department of Health and Ageing
GPO Box 9848
Canberra ACT 2601

Phone 1800 020 787
Facsimile 02 6289 9295
Website www.palliativecare.gov.au

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Foreword

This course has been developed to provide professional development and training in examining practice for cultural appropriateness to caring for Aboriginal and Torres Strait Islander palliative patients, their families and communities. It is designed for all personnel providing palliative care services, including GPs, medical specialists, nurses, allied health specialists, administrators, managers, home and community carers and personal carers.

The course comprises one unit of competency:


Provide culturally appropriate palliative care to Aboriginal and Torres Strait Islander peoples

It is currently undergoing accreditation with the Victorian Qualifications Authority as a short course at AQF level 4. Following accreditation it will be placed on the national register of Vocational Education and Training courses.

The course can be delivered in approximately 20 hours. Flexible delivery of the course is encouraged. This could include:

- face-to-face workshops
- individual study
- mentored individual study, and
- workplace group study.

Joint facilitation/delivery of the course by a palliative care professional and a local Indigenous Australian is recommended. This allows for and encourages exploration and addressing of care issues contextualised to the local Indigenous Australian community and environment.



Unit – Provide culturally appropriate palliative care to Aboriginal and Torres Strait Islander peoples*

Unit descriptor

This unit relates to the provision of palliative care to Aboriginal and Torres Strait Islander peoples in a culturally safe environment.

*This unit is currently undergoing accreditation.

Element of competency	Performance criteria
1 Define palliative care within a cultural safety context	1.1 Palliative care principles and core values are identified
	1.2 Cultural safety principles are described
	1.3 A range of Aboriginal and Torres Strait Islander community attitudes to palliative care is described
	1.4 Health provider attitudes to Aboriginal and Torres Strait Islander peoples are identified
	1.5 Ways of making the palliative care services' policies and procedures more culturally appropriate to Aboriginal and Torres Strait Islander peoples are identified
	1.6 Personal definition of palliative care is developed and analysed for cultural appropriateness to Aboriginal and Torres Strait Islander peoples
2 Identify factors which may impact on providing palliative care to Aboriginal and Torres Strait Islander peoples	2.1 Historical factors which may impact on palliative care provision to Aboriginal and Torres Strait Islander peoples are identified
	2.2 Social factors in Aboriginal and Torres Strait Islander communities which may impact on palliative care provision to Aboriginal and Torres Strait Islander peoples are identified
	2.3 Physical environmental factors in Aboriginal and Torres Strait Islander communities which may impact on palliative care provision to Aboriginal and Torres Strait Islander peoples are identified
	2.4 The impact on palliative care provision of historical and current social and environmental factors in Aboriginal and Torres Strait Islander communities is identified

***Provide culturally appropriate palliative care to
Aboriginal and Torres Strait Islander Peoples****

Element of competency	Performance criteria
3 Demonstrate an awareness of Aboriginal and Torres Strait Islander peoples cultural issues which may impact on providing palliative care to Aboriginal and Torres Strait Islander peoples	3.1 Differences within and between Aboriginal and Torres Strait Islander cultures are described 3.2 The potential impact of different cultural preferences and practices on palliative care provision is identified
4 Incorporate Aboriginal and Torres Strait Islander peoples cultural needs into palliative care provision	4.1 Strategies for sourcing cultural information relevant to the provision of palliative care to clients, their families and community are identified 4.2 Ways of working with Aboriginal and Torres Strait Islander personnel and organisations to plan and deliver palliative care are identified 4.3 Strategies for obtaining culturally appropriate consent are developed and implemented 4.4 Culturally appropriate support for Aboriginal and Torres Strait Islander patients, their families and communities is provided from diagnosis through to death and bereavement 4.5 Ways to support culturally specific post death requirements and practices are identified 4.6 A range of care options is considered and measured against the expressed cultural needs of Aboriginal and Torres Strait Islanders, their families and communities
5 Communicate in culturally safe ways in a palliative situation	5.1 Culturally safe communication styles are utilised 5.2 Culturally safe ways of disseminating palliative care information to Aboriginal and Torres Strait Islanders, their families and communities are utilised

Range of variables

The Range Statement explains the scope and context of the unit of competency allowing for differences between workplaces. The scope of variables chosen for training and assessment requirements will depend on the particular work situation.

Aboriginal and Torres Strait Islander peoples include:

- Torres Strait Islander people with strong links to traditional culture
- Torres Strait Islander people with fewer links to traditional culture
- Australian Aboriginal people with strong links to traditional culture
- Australian Aboriginal people with fewer links to traditional culture.

Palliative care providers include:

- General practitioners and medical specialists
- Clinical nurse consultants, nurses
- Allied health professionals such as physiotherapists, occupational therapists, nutritionists, social workers, psychologists, bereavement counsellors, loss and grief counsellors, volunteer coordinators
- Personal care workers, Home and Community Care workers
- Managers, administration and reception staff
- Volunteers auspiced by palliative care organisations.

Palliative care provision includes palliative care support provided in:

- Acute care facilities
- Aged care facilities
- Hospices
- The client's home
- Community facilities
- An environment of the client's choice.

Factors which may impact on palliative care provision to Aboriginal and Torres Strait Islander peoples include:

- Historical factors such as relationships with early European settlers, past government policies (such as removal of mixed race children, forced relocation of Aboriginal and Torres Strait Islander peoples, restricted rights of Aboriginal and Torres Strait Islander peoples), past health service practices (such as segregated wards in facilities and medical equipment, eating utensils, etc, that were for the specific use of Aboriginal and Torres Strait Islander people only)
- Social factors such as educational levels, employment status, income levels, family breakdown, community structure breakdown, domestic violence, substance abuse
- Physical and environmental factors such as housing, access to safe water and adequate sanitation facilities, reliable services (electricity, telephone, radio, gas), geographical isolation and isolation due to climate
- Mortality and morbidity of Aboriginal and Torres Strait Islander populations. This includes incidences of renal failure, diabetes, heart and lung disease.

Aboriginal and Torres Strait Islander organisations include:

- Aboriginal medical services (this includes Torres Strait Islander medical services)
- Aboriginal community controlled health organisations
- Aboriginal and Torres Strait Islander Regional Councils and state-based peak bodies
- Aboriginal and Torres Strait Islander community controlled organisations and councils
- Aboriginal and Torres Strait Islander aged care facilities.

***Provide culturally appropriate palliative care to
Aboriginal and Torres Strait Islander Peoples****

Aboriginal and Torres Strait Islander personnel include:

- Aboriginal and Torres Strait Islander doctors and nurses
- Aboriginal and Torres Strait Islander allied health workers
- Aboriginal health workers (including Torres Strait Islander health workers, and those working under the title of Indigenous Health Worker)
- Aboriginal Liaison Officers (including Torres Strait Islander Liaison Officers, and those working under the title of Indigenous Liaison Officer)
- Aboriginal and Torres Strait Islander Home and Community Care workers
- Aboriginal and Torres Strait Islander personal care workers.

Definitions

Palliative care is defined as:

‘Care provided for a person with an active, progressive, ... advanced disease with little or no prospect of cure and for whom the primary treatment goal is quality of life. This is evidenced by an interdisciplinary assessment and/or management of the physical psychological, emotional and spiritual needs of the person; and a grief and bereavement support service for the person and their carers/family.’

(Palliative Care Australia, 1999)

In the context of this unit palliative care is defined as being provided through a team-based approach, working with Aboriginal and Torres Strait Islander personnel and organisations as identified by the client and/or their family.

Aboriginal and Torres Strait Islander is defined as:

‘A person of Aboriginal or Torres Strait Islander descent who identifies as Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.’

(House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, 1992)

Cultural safety is defined as:

‘The influence of personal culture and values, and organisational culture and values, on the provision of palliative care/support.’

Family is defined as:

‘Blood relatives and ‘significant others’ as defined by the person. Significant others may include Elders and/or community leaders.’

Culturally appropriate support is defined as:

‘Decisions made about care and/or treatment for or on behalf of, the Aboriginal and Torres Strait Islander. The person (or group of people) able to give consent is defined by the cultural laws and traditions of the Aboriginal and Torres Strait Islander person and/or their family. (Note: In some instances those culturally appropriate to give consent, may not be next of kin or blood relatives.)’

Evidence guide

Context of assessment

This unit is most appropriately assessed in the workplace or in a simulated workplace under the normal range of workplace conditions. It should be assessed in as holistic a manner as is practicable.

Critical aspects of evidence include:

- Providing evidence that principles of cultural safety are understood
- Demonstrating the relationship of cultural safety principles to own and organisational practice
- Recognising the diversity of Aboriginal and Torres Strait Islander cultures and the implications of this diversity for the provision of culturally safe palliative care
- Using a range of strategies to seek information on the cultural needs of Aboriginal and Torres Strait Islander peoples and communities.

Consistency of performance

Provide culturally appropriate palliative care to Aboriginal and Torres Strait Islander Peoples*

Methods of assessment may include:

- Observation of performance
- Written tasks
- Interviewing and questioning
- Colleague/client feedback
- Portfolio
- Supporting statement of supervisor
- Role play/presentation
- Case study/scenario discussion and/or analysis
- Authenticated evidence of relevant work experience and/or formal/informal prior learning.

Essential knowledge

- Principles and concepts of palliative care
- Impact of grief and loss on behaviour
- A range of care options, and the conditions in which these options can be exercised.

Essential skills

A range of communication skills, including:

- Active listening
- Setting boundaries
- Questioning
- Establishing empathy
- Sensitively obtaining and giving feedback.

Key competencies

- *Communicating ideas and information* – Identification of palliative care and cultural safety concepts and principles; identification of social, historical, environmental issues which impact on palliative care provision to Aboriginal and Torres Strait Islander clients; communicating a range of palliative care support strategies to others (including Aboriginal and Torres Strait Islander clients, their families and communities)Level 3
- *Collecting, analysing and organising information* – Identifying cultural issues which may impact on palliative care provision; analysing provision of care for cultural safety; determining most suitable responses to Aboriginal and Torres Strait Islander peoples’ cultural requirementsLevel 3
- *Planning and organising activities* – Determining most suitable means of obtaining cultural information; determining most suitable care support; adapting care methods to be culturally safe.....Level 2/3
- *Working with teams and others* – Providing palliative care support as part of a multi-disciplinary team; determining ways of working with Aboriginal and Torres Strait Islander families and communities to provide culturally safe palliative careLevel 2
- *Using mathematical ideas and techniques* – Modifying practice where required (for example, timetabling visits, reorganising room layout, etc)Level 1
- *Solving problems* – Determining most suitable means of providing palliative care within a culturally safe environment, responding to unpredictable factors; developing flexible methods of support for Australian Indigenous clients, families and communitiesLevel 3
- *Using technology* – Use of medical equipment and accompanying technology as requiredLevel 1/2/3

Resource implications

- Access to workplace where assessment can take place
- Simulation of a palliative care workplace setting
- Involvement of Aboriginal and Torres Strait Islander trainers.