

**Actions to support older Culturally and Linguistically Diverse people**

A guide for aged care providers

*All older people experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences.*

Actions to support older Culturally and Linguistically Diverse people

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# Foreword

**What are actions to support Culturally and Linguistically Diverse people?**

These actions have been developed to inform everyone involved in aged care about the needs of older people from Culturally and Linguistically Diverse (CALD) backgrounds. The information is based on feedback through consultations with consumers, their families, carers, representatives and aged care providers.

This document:

* Takes a human rights based approach.
* Empowers the **consumer**, **their family, carers or representatives** with the information to know what they are entitled to and the confidence to ask for what they want.
* Supports **aged care providers** to meet their obligations under the Quality Standards.
* Guides **government** to identify short-term and long-term actions to support older people from CALD backgrounds.
* Is based on consultation with CALD older people and their representatives.

Under the Aged Care Quality Standards, aged care providers will be required to show that "each consumer is treated with dignity and respect, and their identity, culture and diversity is valued”. Addressing each of the six Consumer Outcomes presented in the Aged Care Diversity Framework will help providers to meet their obligations under the Aged Care Quality Standards, which include diversity elements throughout.

**Consultation process**

The Federation of Ethnic Communities’ Councils of Australia (FECCA) held extensive consultations in the period from October 2017 to March 2018 Australia wide. The consultation process was conducted with a cross section of stakeholders and based on consultations with older people from CALD backgrounds, their families, advocates and representatives, carers, aged care providers, health professionals and other peak agencies. This included face to face interactions, workshops, and surveys - both online and paper based. Seven hundred individuals have been consulted and have provided extensive feedback.

**Challenges faced by older people from CALD backgrounds**

In 2016, there were 3.7 million Australians aged 65 and over. Of this number, 1 in 3 were born in a non-English speaking country.[[1]](#footnote-1) Many older CALD Australians face barriers in accessing and engaging with the supports and services that contribute to healthy outcomes, and are less likely to utilise them. These barriers include: a lack of awareness and knowledge of the services that are available, system complexity, language barriers, and lack of culturally and linguistically appropriate aged care providers. In June 2015, only 18% of people in permanent residential aged care were from non-English speaking countries. This does not reflect the number of older CALD people in the wider community, but highlights the many barriers they experience when accessing residential care. Also in June 2015, 26% of the total home care recipients were older CALD Australians.[[2]](#footnote-2) This indicates a preference to remain at home with additional assistance and support. As Australia’s CALD population ages and the rates of people accessing aged care services steadily increases, providers will have to accommodate the needs of this cohort sensitively and appropriately.

**Cultural Barriers**

CALD older people experience a number of cultural barriers that prevent them from accessing and effectively using aged care services. These include attitudes to family and caring responsibilities, communication difficulties related to English language proficiency, and particular beliefs, behaviours and preferences that are not well understood by the non-CALD population. They may have gender preferences, certain views regarding the role of women, concerns about privacy, a mistrust of authority figures, or difficulty in expressing their needs if English is not their main language. In addition, many elderly migrants can struggle to adapt to a foreign environment outside of their home, particularly if the facility does not cater to their specific culture or language group. This can then have a profoundly negative impact on their health and wellbeing.

**Structural Barriers**

It can be difficult to navigate the Australian aged care system and particular obstacles become more pronounced when a CALD person tries to access it. In addition, many people are not aware of the availability of services or where to go for more information. Where information does exist it may not be in their language or marketed appropriately. As a result, CALD people might not utilise services that would otherwise contribute to their positive health outcomes.

**Service Barriers**

Where aged care services are provided they may not be culturally appropriate for CALD consumers. In addition, care staff may not be culturally competent or reflect the cultural diversity of the broader Australian population. There is also an ongoing issue with high staff turnover which means that CALD consumers are unable to develop trust or build rapport with their Carers. CALD consumers may experience racism or discrimination, and this is further compounded by a perception that CALD consumers pose additional costs and extra work. Some service providers don’t know how to utilise translators and interpreters, or simply decide not to. Such compromised services can have a negative impact on the emotional and physical wellbeing of CALD consumers.

**Other Barriers**

In addition to the challenges and barriers already discussed, CALD consumers face further issues that can contribute to poor health and wellbeing outcomes:

* Dementia resulting in the loss of acquired language skills
* Post-traumatic stress disorder (particularly among refugees and asylum seekers)
* Loss of culture and intergenerational culture change
* Isolation and fewer peers
* Rural or remote location

Aged care provision must be accessible and equitable to all. Everyone must be afforded care which is appropriate to their health as well as their social, cultural, spiritual and economic needs. The quality of care provided through home care packages and in residential aged care facilities should sufficiently cater to the needs and outcomes of elderly CALD consumers. It is important that aged care service providers understand the challenges and inherent difficulties faced by consumers of CALD background and that they actively work towards the provision of culturally inclusive care and supports.

**Diversity and Intersectionality**

CALD Australians are not one single homogenous group and vast diversity within diversity should be recognised. Australians identify with over 270 ancestries and according to the 2016 Census speak over 300 different languages. Language and culture are just two of the many attributes that define a person. Some older CALD people will feel comfortable identifying with a culture that they grew up in, rather than a culture that they were born into. Or a person will belong to a particular culture even though they don’t speak the language and vice versa. Also, older CALD Australians will identify as being both CALD and LGBTI. Respecting a person’s identity, culture and diversity in aged care should focus around understanding their individual needs and preferences and providing care that is reflective of and responsive to their social, cultural, linguistic, religious, spiritual, psychological, medical and other needs, including cultural safety. This Action Plan attempts to address some of the needs of CALD consumers of aged care in Australia and aims to help the aged care providers to best tailor the person centred care to the needs of the consumers by articulating the common needs of CALD consumers.

# What is this plan about?

Australia is a diverse nation, and this is reflected in the diversity of religion, spirituality, sexuality, culture, socio-economic background, geographic spread, medical and care needs, and personal experiences of our senior population.

The Australian Government is committed to ensuring that all consumers of aged care can access information, and receive aged care services, appropriate for their individual characteristics and life experiences. The Aged Care Diversity Framework (the Framework), launched in December 2017, is a key part of achieving this.

This is one of four distinct action plans developed under the Framework:

* *Actions to support all diverse older people*, an overarching set of actions in recognition of the many commonalities within and between diverse groups.
* *Actions to support older Aboriginal and Torres Strait Islander people*
* *Actions to support older people from Culturally and Linguistically Diverse backgrounds*
* *Actions to support older Lesbian, Gay, Bisexual, Trans and gender diverse, and Intersex peoples*

The plan can assist providers to identify actions they could take to deliver more inclusive and culturally appropriate services for consumers. It acknowledges that there is no ‘one-size-fits-all’ approach to diversity, and that each provider will be starting from a different place and operating in a different context.

Delivery of safe and inclusive services to people with diverse needs and life experiences is built into the Aged Care Quality Standards. Diversity is woven through the standards and underpinned by Standard 1 to value the identity, culture and diversity of each consumer and to deliver culturally safe care and services. The Aged Care Quality Agency will assess aged care providers based on the quality of service experienced by service users (consumers).

There are many benefits for providers in taking action to provide better services to diverse groups. These include opportunities to:

* celebrate successes with consumers, their support people and the wider community;
* engage with new groups of potential consumers;
* improve the wellbeing and satisfaction of consumers;
* build new partnerships with the community;
* increase the vibrancy of the service environment;
* demonstrate to employees with diverse backgrounds and life experiences that they are valued and engaged within the service.

# Actions to support inclusive care for CALD consumers

The following six outcomes, taken from the Aged Care Diversity Framework, provide a guide for assessing current performance, identifying gaps and designing pathways to improve inclusive service provision. Each outcome has example actions to support providers:

| **Outcome for Consumers 1: Making informed choices** | |
| --- | --- |
| Older people have easily accessible information about the aged care system and services that they understand and find the information helpful to exercise choice and control over the care they receive. | |
| *Provide information in an appropriate format, through different forms (online/hardcopy/newsletter/verbal) and in a language the consumer understands)* | |
| **Foundational**  **Actions** | * Provide consumers with simple, understandable information (translated into their preferred language where required) about   + how services will cater for their personal, clinical, spiritual, social, end of life and palliative care needs   + their rights, including the right to culturally appropriate care   + financial transactions for consumers including the compulsory monthly budget statement for Home Care Packages   + policies and processes for reporting racism and discrimination * Make use of key documents translated into preferred language where required, for example   + Care Plan and residential / home care agreements   + Charter of Aged Care Rights and Responsibilities * Ensure all staff are familiar with the Translating and Interpreting Service (TIS National) and other available free interpreting supports for aged care services * Develop a Use of Interpreter Services policy and make it available to consumers, carers and staff. * Display in-language signage (reflective of the current linguistic demographic) throughout your service to assist people to navigate common areas in residential aged care facilities. * Ensure cultural competency and effective communication training for staff to facilitate effective communication between staff and CALD consumers. |
| **Moving Forward** | * Establish referral pathways for CALD background consumers to CALD advocacy or community organisations which can support them and/or their families with information and advocacy. * Consult with consumers, carers and consumer representatives when designing or redesigning forms and information resources. * Collect data and set performance indicators with regards to dissemination of information, accessibility of information and value of information to CALD background consumers. |
| **Leading the Way** | * Employ bilingual, bicultural staff that reflect the cultural and linguistic demographic of consumers at your service. This may change over time. |

| **Outcome for Consumers 2: Adopting systemic approaches to planning and implementation** | |
| --- | --- |
| Older people are active partners in the planning and implementation of the aged care system. | |
| *Engage consumers in a culturally safe, supportive environment that enables them to participate as active partners, as well as articulate their individual needs.* | |
| **Foundational**  **Actions** | * Evaluate and review of your organisation’s service design and delivery of aged care to ensure CALD background consumers feel empowered to articulate their needs. * Ensure CALD background consumer’s cultural, linguistic, spiritual, religious and social needs are identified and included in their care plans. * Provide regular opportunities for CALD consumers, their families, carers and representatives to provide feedback on the quality of service delivery:   + through internal and external mechanisms   + through access to interpreters and provision of translated materials   + by providing access to advocates * Encourage CALD background consumers to involve a trusted entity or support person in their assessment process and other decision-making processes if they wish. * Ensure assessments are conducted by staff with appropriate cultural competency training and use culturally appropriate assessment tools. |
| **Moving Forward** | * Include culturally inclusive service provision in the strategic plan of your organisation. * Provide training and professional development to staff around cultural capability. * Develop a Diversity Policy approved by Board/Council. * Develop or make available to staff resources that facilitate culturally competent care and inform consumers of these efforts. * Ensure senior organisational leaders are accountable for inclusion-related outcomes. * Establish internal procedures to respond to feedback from CALD background consumers. |
| **Leading the Way** | * Reflect cultural diversity of your local community in the governing body of your service. * Employ bilingual, bicultural staff that reflect the cultural and linguistic demographic of consumers at your service. This may change over time. |

| **Outcome for Consumers 3: Accessible care and support** | |
| --- | --- |
| Older people in rural, remote, regional and metropolitan Australia have access to aged care services and supports appropriate to their diverse characteristics and life experiences | |
| *Collaborate with stakeholders to identify and overcome barriers in accessing the aged care system* | |
| **Foundational**  **Actions** | * Provide **accurate** and **clear** information on the cultural and linguistic capabilities and services provided by your organisation through the Service Finder and other marketing channels. * Provide information about your service in a range of languages appropriate to the local demographics. * Provide promotional material that includes your commitment to diversity. * Maintain ongoing consultations with consumers, carers and consumer representatives on overcoming service access barriers and the development of culturally competent services. * Commit to implementing this Action Plan and to using the resources listed in it. |
| **Moving Forward** | * Work alongside advocates that specialise in working with CALD background consumers or system navigators to assist individual older consumers and carers with accessing assessment and other services. * Monitor the cultural diversity of consumers in your service and consider whether this is reflective of the local demographics. * Ensure that care is accessible and individually tailored to meet the needs of each CALD background consumer:   + partner with community organisations   + partner with local and state government services   + integrate other specialist service providers into your care provision * Consider using technology (for example, Skype, Facetime, WhatsApp, Facebook etc.) to connect CALD background consumers with family, friends and community who live far away e.g. interstate or overseas. |
| **Leading the Way** | * Link consumers to the local community. You might offer space on-site for a local CALD community group to meet, for example. |

| **Outcome for Consumers 4: A proactive and flexible aged care system** | |
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| A proactive and flexible aged care system that responds to the needs of existing and emerging diverse groups, including an increasingly diverse aged care workforce. | |
| *Engage with the local community and stakeholders to identify emerging needs and how service delivery models can be adapted to embrace those needs, including how the organisation’s workforce demonstrates an inclusive approach to care* | |
| **Foundational**  **Actions** | * Regularly consult with CALD background consumers, carers and families and consumer representatives. * Increase awareness amongst consumers of the complaints mechanisms available to them and ensure supports are in place to assist them to make a complaint. * Provide up-to-date resources, training, information and tools on cultural competence, diversity and inclusive service provision to staff at all levels. * Regularly engage with your local Partner in Culturally Appropriate Care (PICAC). * Engage with local cultural, religious and community organisations to gain a deeper understanding of existing and emerging CALD communities’ needs. * Provide care that meets religious, customary or personal preferences of consumers. * Include a statement about your organisation’s commitment to diversity regarding staff and consumers in job advertisements and intake paperwork for new employees. |
| **Moving Forward** | * Have measurable outcomes relating to CALD background consumers that are regularly reviewed, monitored and evaluated. * Enhance the opportunities for meeting consumer needs by accessing external culturally appropriate services to complement your own service offering. * Actively seek assistance from community organisations that can support with informing practice on inclusive and respectful care for individual CALD background consumers. * Develop your organisation’s policies around cultural safety and anti-discrimination relating to staff and consumers. * Adopt workforce recruitment, retention and development approaches that ensures a skilled and culturally competent workforce that is responsive to local needs. |
| **Leading the Way** | * Appoint a diversity champion from senior levels of staff to motivate improvements to cultural competency. * Provide additional incentives to attract and retain bilingual, bicultural staff that meet the needs of consumers – for example, opportunities for training, sponsorship of English or other language tuition, support for advancement and permanency. * Appropriately reward and recognise bilingual and bicultural staff who work in your organisation including salary, and professional development that acknowledges their skillset. |

| **Outcome for Consumers 5: Respectful and inclusive services** | |
| --- | --- |
| Services effectively meet the specific needs of older people with diverse characteristics and life experiences, their families, carers and representatives in a respectful and inclusive way. | |
| *Seek out, develop and use tools, training and information that support delivery of care that is inclusive of diverse characteristics and life experiences* | |
| **Foundational**  **Actions** | * Provide opportunities for CALD background consumers to connect to their language and culture by:   + Creating a library of books, magazines and other materials in languages spoken by consumers   + Using SBS’s In Language service, SBS radio and television channels, YouTube and satellite television channels and in-language films   + Offering culturally appropriate meals   + Sourcing artwork and posters and other items that reflect the diversity of the consumer population   + Facilitating participation in local community events or social groups relevant to their cultural background especially where the consumer has existing link   + Seeking out bilingual volunteers, for example, through the Community Visitors Scheme or local community groups, who can visit the older CALD background person where they live and speak to them in their language * Ensure religious needs of individuals are met and respected. * Make your governing body and management aware of the Aged Care Diversity Framework and associated Action Plans. * Ensure that all staff, management and governing body are aware of the Charter of Rights and Responsibilities. * Engage with the resources in this document. |
| **Moving Forward** | * Create a register of the cultural and linguistic skills of your staff. * Ensure that your service has the skills and resources to rollout an inclusive approach to addressing diversity as required by the new Single Aged Care Quality Standards. * Plan activities throughout the year that celebrate all diversity. |
| **Leading the Way** | * Support staff to learn languages spoken by consumers of CALD background. * Engage additional supports, as required, for CALD background consumers who have experienced traumatic events such as war, financial hardship, torture et cetera and may require psychological /psychiatric services. This especially applies to people living with dementia. |

| **Outcome for Consumers 6: Meeting the needs of the most vulnerable** | |
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| Older people can access high quality and culturally safe aged care services and supports that meet their needs irrespective of their personal, social or economic vulnerabilities. | |
| *Provide inclusive service models to address the needs of the most vulnerable, and work with other stakeholders to ensure that the full spectrum of needs are met* | |
| **Foundational**  **Actions** | * Research and understand the culturally-specific needs of CALD background consumers in palliative care, end of life and funeral arrangements. * Develop relationships with relevant local religious or spiritual leaders to facilitate CALD background consumer’s wishes. * Provide information to CALD consumers, (translated into their preferred language where required) on elder abuse and how to access support. * Support CALD background consumers, carers and families to plan for end of life decisions that meet their cultural and spiritual needs. * Ensure staff are briefed and skilled to identify psychological issues that may be experienced by older migrants including those resulting from traumatic experiences due to war, dispossession, economic hardships, institutional abuse and torture. It is important to seek additional professional supports if required, for example, counselling, psychological or psychiatric referrals. |
| **Moving Forward** | * Develop awareness of social issues that can lead to disadvantage and the particular vulnerabilities of CALD background older people including:   + Mental health / PTSD related conditions including those resulting from an individual’s migration journey   + Social isolation due to lack of English language proficiency and geographical background   + Visa status / insecurity   + Lack of family connections   + Elder abuse   + Domestic violence   + Homelessness   + Social inequality   + Physical and intellectual disabilities. |
| **Leading the Way** | * Employ bilingual and bicultural staff that reflect the cultural and language demographic of consumers at your service and train them to offer support to the most vulnerable CALD consumers. * Employ bilingual and bicultural staff that reflect the cultural and language demographic of consumers at your service and train them to provide culturally specific end of life care. |

# Resources

| General resources |
| --- |
| Aged Care Complaints Commissioner *available in a variety of languages*  https://www.agedcarequality.gov.au/accessibility |
| NSW Nurses and Midwives Association: *10 Questions to Ask*  <http://www.10questions.org.au/leaflets.html> |
| Department of Health *Aged Care Diversity Framework*  <https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework> |
| Department of Health *People with diverse needs*  <https://www.myagedcare.gov.au/eligibility-and-assessment/eligibility-diverse-needs> |

| Dementia |
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| Dementia Australia in partnership with the Multicultural Communities Councils of Illawarra  *“It’s not a disgrace…it’s dementia” series available in community languages- Spanish, Arabic, Serbian, Ukrainian, Cambodian, Croatian, Assyrian, Vietnamese, Italian, Portuguese, Mandarin, Hindi*  https://www.youtube.com/playlist?list=PLAwhBH-4GO5iKAMS5wIMSFSuncvoBYuRM |
| Dementia Australia: *Perceptions of dementia in ethnic communities*  <https://www.dementia.org.au/files/20101201-Nat-CALD-Perceptions-of-dementia-in-ethnic-communities-Oct08.pdf> |
| Storey, Rowland, Basic, Conforti and Dickson 2004, International Psychogeriatrics, 16 (1), 13-31: *The Rowland Universal Dementia Assessment Scale RUDAS*  <http://www.multiculturalmentalhealth.ca/wp-content/uploads/2014/04/20110311_2011NSWRUDASscoring_sheet.pdf> |
| Dementia Australia: *Resources for Aboriginal and Torres Strait Islander communities*  <https://www.dementia.org.au/resources/for-aboriginal-and-torres-strait-islander-communities> |
| Dementia Training Australia: *Cultural Assessment for Aboriginal and Torres Strait Islander People with Dementia: Guide for Health Professionals*  <https://www.dta.com.au/wp-content/uploads/2017/03/2370_DTA_WA_DT_manual_5web.pdf> |

| Cultural Inclusivity |
| --- |
| PICAC NSW & ACT: *Bridging Cultures – A Guide for Diverse Cultures in Australia*  <http://www.picacnsw.org.au/data/Bridging_Cultures_2015.pdf> |
| EMR Alliance: *Building Culturally Inclusive Social Support Groups*  <https://www.emralliance.org/building-culturally-inclusive-social-support-groups.html> |
| University of Kansas, USA: *Cultural Competence in a Multicultural World*  <https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence> |
| Lilly Xiao: *Cross-cultural care program for aged care staff*  https://www.openlearning.com/courses/developing-the-multicultural-workforce-to-improve-the-quality-of-care-for-residents |
| Dementia Australia: *CULTURA – mobile application supporting aged care workers to provide culturally appropriate care in dementia*  <http://www.cultura.org.au/> |
| SBS and Multicultural NSW: M*ulticultural Competence Program*  <https://cultural-competence.com.au/home> |
| FECCA: *Harmony and Productivity: Maximising the value of a diverse workforce*  <http://fecca.org.au/resources/harmony-and-productivity/> |
| FECCA: *Positive CALD Ageing Network (PCAN) Magazine – Issued quarterly*  <http://fecca.org.au/news-events/pcan-news/> |
| Multicultural Communities’ Councils of the Gold Coast: *I speak your language*  https://www.mccgc.com.au/mccgc-services/community-development/our-programs |
| NSW Health: *Multicultural Health Communication Service*  http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\_start=0 |
| Multicultural Aged Care SA - *Multicultural Learning and Development (South Australia)*  <http://www.mac.org.au/mlearndev/training-schedule-2/> |
| Centre for Cultural Diversity in Ageing: *Multilingual Resources*  <http://www.culturaldiversity.com.au/service-providers/multilingual-resources> |
| Multicultural Aged Care SA: *Multicultural Aged Care Library*  <http://library.mac.org.au/> |
| Diversicare: *Multicultural Advisory Service (MAS) Cross Cultural Training (Queensland)*  <http://www.diversicare.com.au/wp-content/uploads/2017/07/MASProfessionalDevelopmentFlyer_07June2017.pdf> |
| Centre for Cultural Diversity in Ageing: *Training for aged care workers (Victoria)*  http://www.culturaldiversity.com.au/service-providers/training/training-for-aged-care-workers |
| Centre for Culture Ethnicity and Health: *Transition Care Program*  http://healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentDetail?Open&s=Transition\_Care\_Program |
| Australian Human Rights Commission: *Workplace Cultural Diversity Tool*  <https://culturaldiversity.humanrights.gov.au/> |
| Meaningful Ageing Australia: *Resources on spirituality in aged care*  <https://meaningfulageing.org.au/resources/> |
| ECCV: *Elder Abuse Prevention in Multicultural Communities*  [http://eccv.org.au/elder-abuse-prevention/](http://eccv.org.au/projects/elder-abuse-prevention-in-ethnic-communities/) |
| Diversity in Disability: *Leadership for Cultural Diversity*  <http://www.diversityindisability.org/leadership-for-cultural-diversity> |
| Umbrella Community Care: *Home Care Packages Budgeting Tool*  <http://www.umbrellacommunitycare.com.au/wp-content/uploads/2017/11/HCP-Budgeting-Tool-V3-compressed.pdf> |
| Palliative Care Knowledge Network: *CareSearch*  <https://www.caresearch.com.au/Caresearch/Default.aspx>  <https://www.caresearch.com.au/caresearch/tabid/4704/Default.aspx> |
| Australian Human Rights Commission: *Aged Care Racial Discrimination Complaints*  <https://www.humanrights.gov.au/complaints/make-complaint> |
| FECCA: *Review of Australian Research on Older People from CALD Backgrounds*  http://fecca.org.au/wp-content/uploads/2015/06/Review-of-Australian-Research-on-Older-People-from-Culturally-and-Linguistically-Diverse-Backgrounds-March-20151.pdf |
| Advance Care Planning Australia: *Advance Care Planning*  [www.advancecareplanning.org.au](http://www.advancecareplanning.org.au/) |
| Phoenix Australia Centre for Posttraumatic Mental Health: *Australian Guidelines for the Treatment of Acute Stress Disorder & Posttraumatic Stress Disorder*  <http://phoenixaustralia.org/wp-content/uploads/2015/03/Phoenix-ASD-PTSD-Guidelines-Summary.pdf> |
| Monash University: *Diversity and Financial Elder Abuse in Victoria*  <https://www.eapu.com.au/uploads/research_resources/VIC-Diversity_and_Financial_Elder_Abuse_FEB_2011-Monash.pdf> |
| Meaningful Ageing Australia: *National Guidelines for Spiritual Care in Aged Care*  <https://meaningfulageing.org.au/wp-content/uploads/2016/08/National-Guidelines-for-Spiritual-Care-in-Aged-Care-DIGITAL.pdf> |
| VIC State Government: *Strengthening Diversity Practice in Home and Community Care*  <https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-program-for-younger-people/hacc-program-guidelines/hacc-quality-and-service-development/diversity-in-hacc/diversity-planning-practice> |
| Centre for Cultural Diversity in Ageing: Inclusive Services Standards  <http://www.culturaldiversity.com.au/service-providers/inclusive-services-standard> |

| Interpreting services |
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| Department of Social Services  <https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settle-in-australia/help-with-english/free-interpreting-service#medical> |
| Bolton Clarke: *Talking Books*(Bolton Clarke has a series of Talking Books and information handouts on different health topics including dementia in Vietnamese and Type 2 diabetes in Vietnamese, Greek, Italian, Macedonian  https://www.boltonclarke.com.au/resources/?resource\_category=talking-books |
| Bolton Clarke: *Fact Sheets (Bolton Clarke provides a series of handouts in Vietnamese, Macedonian, Italian, Greek and Chinese languages)*  <https://www.boltonclarke.com.au/resources/?resource_category=fact-sheets> |
| Centre for Cultural Diversity in Ageing: *Accessing Interpreter Service Practice Guide*  <http://www.culturaldiversity.com.au/images/Practice_Guides/Accessing_Interpreter_Services_2017_PDF_version.pdf> |
| Aged Care Services with Bilingual staff Directory  <http://www.culturaldiversity.com.au/consumers-and-carers/aged-care-services-with-bilingual-staff> |
| ECCNSW and its primary partners ECCV, ECCQ (Diversicare) with national broadcasting partners SBS and NEMBC: *Speak My Language – radio conversations about ageing well in Australia*  <https://www.speakmylanguageradio.com/> |

| Workforce |
| --- |
| eNurse Pty Ltd: *Nurse/Carer and Patient Language Helper*  <https://www.enurse.com.au/nurses-languange-helper-book-critical-second/>  Ph: 1300 886 814  [sales@enurse.com.au](mailto:sales@enurse.com.au) |
| FECCA:  *Australia’s Bilingual and bicultural workforce report*  <http://fecca.org.au/wp-content/uploads/2017/12/Australias-bilingual-and-bicultural-workforce-Report-2017.pdf> |

| Italian resources |
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| Co.As.It NSW: *A profile of Italian Australian Culture for Aged Care Service Providers*  <https://www.coasit.org.au/site/files/ul/data_text30/1234693.pdf> |
| *Co.As.It: Embracing Culture-Aged Care Service Provision to Italians DVD and Italian Language Pocket Guide “A guide to basic Italian words and phrases for aged care workers*  Phone (02) 9564 0744  [referrals@coasit.org.au](mailto:referrals@coasit.org.au)  [www.coasit.org.au](http://www.coasit.org.au) |
| Italian Social Welfare Organisation: *Italian Pain Scale*  <https://www.itsowel.com.au/useful-resources> |
| Italian Social Welfare Organisation: *Spanish Pain Scale*  <https://www.itsowel.com.au/useful-resources> |

| Muslim resources |
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| Mahjabeen Ahmad: *Muslim Aged Care: A practical guide for service providers*  https://meaningfulageing.org.au/wp-content/uploads/2017/10/Ahmad-2017.pdf  Mahjabeen Ahmad & Shamsul Khan: *Muslims in Australia and their Aged Care Needs: An exploratory Study with special reference to South Australia*  http://search.ror.unisa.edu.au/media/researcharchive/open/9915910248801831/53108767480001831 |
| Islamic Council of Victoria: *Caring about Muslim Patients*  <http://www.icv.org.au/icvdocs/caringformuslimpatients.pdf> |

| Indian resources |
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| South Eastern Sydney Local Health District (SESLHD, Hurstville City Council & Resourceful Australian Indian Network (RAIN): *Making New Lives: Well-Being of Senior Women of Indian Backgrounds in Sydney DVD*  Phone SESLHD Multicultural Health Service 02 9382 8670 |

# Case Studies

**Experience of Mrs. S (Serbian)**

Mrs. S has lived in Australia with her husband since 1965. She spent several years caring for him when he was terminally ill and on a home care package. Mrs S spoke English and the service provider sent them an English speaking worker, but Mr S. did not speak any English. The worker would stay with her husband while Mrs. S went shopping. As communication was not possible, her husband became anxious, angry and agitated because he could not express himself or explain his needs. Mrs. S made repeated requests to the provider for a worker who spoke their language. Ultimately, the provider assigned another member of staff to Mr S who did speak his language but the time and effort required to have this need met led Mrs. S to lose trust in the aged care system. Even though Mrs. S needs support for herself, she has refused to engage with My Aged Care.

*Solution:* Whenever a bilingual worker is available, engage that worker to provide support to the consumers who speak the same language. Try to recruit more bilingual staff to reflect the diversity of your consumers. Also, link the Translating and Interpreting Service (<https://www.tisnational.gov.au/>).

**Experience of Mrs. C (Chinese)**

Mrs. C has lived in Australia for most of her adult life, working in a Chinese restaurant with her husband. Working and living in a close knit Chinese community, her English remained at the basic level. After her husband died, and her children being unable to take care of her, she went into residential aged care. She signed the agreement with the aged care provider, at the advice of her children, without understanding what the agreement stipulated. She was unaware that she was the only Chinese person in the facility and that there were no bi-lingual staff to tend to her needs. Mrs. C spends most of her time in the facility in isolation, in her own room. She feels isolated and abandoned by her children who are unable to take care of her. The little English language she spoke is lost due to depression and development of dementia. She has experienced racism by staff tending to her needs, who, she feels, speak to her in rude manner and ridicule her lack of English skills. However, her biggest complaint is the food – she misses having Chinese food.

*Solution:* Be transparent about your service. Inform the consumer of the ethnic composition of other consumers under your care. Provide the service agreement in Chinese language. Introduce yourself to the basics of Chinese culture and apply appropriate cultural practices at the facility. Train the staff in cultural competence to prevent the clients from experiencing racism (<https://www.openlearning.com/courses/developing-the-multicultural-workforce-to-improve-the-quality-of-care-for-residents>; <http://www.diversityindisability.org/workforce-development>). Aim to employ a Chinese-speaking member of staff. If the residential facility has an in-house kitchen for meal preparation, occasionally allow the client to prepare her own food. If not possible, organise occasional meals delivered from a Chinese club or restaurant. If unable to employ Chinese speaking workers, engage volunteers from the Chinese community through Community Visitors Scheme (CVS) who will provide a friendship visitor for the client and arrange for the client to attend a local Chinese community group or event. Alternatively, there are programs which the community can access, such as *I Speak Your Language* which provides a free social support phone call to isolated CALD participants throughout Queensland <https://www.mccgc.com.au/mccgc-services/community-development/our-programs/>. Train the staff to find SBS programs in Chinese language, and get CDs and books in Chinese. Think outside the square.

**Experience of Mrs. V (Bosnian)**

Mrs. V came to Australia as a refugee from Bosnia with her son. She lost the members of her immediate family in the war. She often has nightmares and has a fear of loud noises. Potentially, she suffers from Post-Traumatic Stress Disorder (PTSD) which was never diagnosed. After her son married and her health deteriorated, she was placed in an aged care facility. Because of her nightmares and mood outbursts, medications were prescribed. Her PTSD contributes to her depression, causing other health issues. However, when seeing doctors, they conduct her medical check-ups and write prescriptions without engaging an interpreter to talk to her about her health. With no English speaking skills, she is unable to communicate her issues to the staff and the management of the facility. She is unaware that interpreting can be provided for her, in particular when seeing a doctor.

*Solution:* Learn about/get to know your consumers’ backgrounds and life experiences. Train your staff to potentially recognise PTSD symptoms (<http://phoenixaustralia.org/wp-content/uploads/2015/03/Phoenix-ASD-PTSD-Guidelines-Summary.pdf>). Ask doctors to engage interpreters when conducting diagnostics. Free interpreting can be obtained for a patient when seeing a doctor through the Free Interpreting Service (FIS) (<https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settle-in-australia/help-with-english/free-interpreting-service>). The doctor can engage an interpreter for free, either on the spot or via telephone. Engaging an interpreter will ensure appropriate diagnosis and appropriate treatment for patients.

**Experience of Mr. S (Iraqi)**

Mr. S migrated to Australia from Iraq as a refugee. After his wife died, he was placed in an aged care facility. He is a devout Muslim who prays five times a day. His praying times often conflict with the times when services are provided in the facility, including meals, which the staff find hard to understand. Mr. S feels that his actions are ridiculed by the staff. He also thought he overheard someone labelling him a “terrorist” because of his Islamic sounding name.

Mr. S. used to have a local imam who was his spiritual guide. Since being in the aged care facility, he has been unable to connect with his community or his imam which causes him great distress. For practicing Muslims, there is a direct link between their well-being and an enabling environment in aged care facilities where they can continue to practice their religion. However, this aged care provider doesn’t enable this.

*Solution:* Train staff in cultural competence to prevent clients from experiencing poor well-being outcomes. Introduce staff to Muslim cultural practices (e.g. Muslim Aged Care: A practical guide for service providers <https://meaningfulageing.org.au/wp-content/uploads/2017/10/Ahmad-2017.pdf>). Enable the consumer to connect with their spiritual guide/imam, either through the imam visiting the facility, assisting the consumer in visiting the mosque regularly or arranging for the client to speak to their imam by phone.

1. Australian Institute of Health and Welfare: Older Australia at a glance

   <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/diversity/culturally-andlinguistically-diverse-people> [↑](#footnote-ref-1)
2. Aged Care Financing Authority: Fourth Report on the Funding and Financing of the Aged Care Sector, July 2016 [↑](#footnote-ref-2)