



STRENGTH THROUGH DIVERSITY

Culturally & Linguistically Diverse Aged and Community Care

NATIONAL POLICY POSITION

September 2006

Introduction

Australia is a richly diverse nation that has been profoundly shaped by post-war migration. Almost two hundred different ethnic groups are represented in Australia's multi-ethnic community, and 5 million of the current population of 20 million have migrated to Australia within the last 50 years.

While the whole Australian population is ageing, demographics indicate that the proportion of older people from culturally and linguistically diverse (CALD) backgrounds is increasing. In 1996 the older population from culturally diverse backgrounds numbered 392,800 or 17.8% of the total older Australian population. By 2011 it is projected to number 653,800 or 22.5%. This is a growth rate of 66% over a 15 year period, compared with only 23% for the Australian born population.¹ The rate of growth will slow by 2026 with older people from CALD backgrounds numbering 21.2% or 939,800. Similarly, people from CALD backgrounds over 80 will increase from about one in eight in 1996 to one in 5 in 2011 to 1 in 4 in 2026. These populations will be unevenly distributed and concentrated in Australia's capital cities. For example, by 2011 an estimated 40% of older people living in Melbourne and 34% living in Perth will be from non-English speaking backgrounds.² Given the waves of migration there will be changing demand for services as different ethnic groups age within varying locations. This adds an additional complexity to the task of policy makers and service providers in meeting this growing and variable demand.

Context

The best quality care is designed around the unique and complete needs of the individual. People from any particular ethnic or cultural group are different from one another. Values, opinions and family practices differ, English proficiency varies, just as their settlement experiences and lives in Australia have affected them differently. Culture is a complex phenomenon that is heterogeneous, flexible and continually changing. It belongs to every human being and not solely to people we view as 'others.' Culture is not a separate need, but rather a framework within which care and support is provided.

ACSA's goal is to ensure the provision of culturally appropriate services for all as a result of having a culturally competent service system where:

- culturally competent **personnel** including direct care staff, professionals and administrators have appropriate skill, knowledge and attitudes;
- culturally competent **services** have practices that are proven to be effective with people from culturally diverse backgrounds; and
- culturally competent **organisations** have policies, administrative procedures and management practices designed to ensure access to culturally appropriate services and competent personnel.³

This is a whole of system philosophy where we aim to enhance the capacity of all services to respond to their local communities. Striving towards cultural competence is a continual developmental process for all players in the system.

¹ Older persons from CALD backgrounds are defined by the AIHW as persons aged 65 and over, born overseas in countries where English is not the main language spoken.

² The Myer Foundation, *2020 A Vision for Aged Care in Australia*, p15.

³ Minnesota Department of Human Services, *Guidelines for Culturally Competent Organizations*, January 2004.

Government Policy

In 1998, the Australian Government issued the *Charter of Public Service in a Culturally Diverse Society* that committed all government service providers to integrating the Charter's seven principles into their strategic planning, policy and corporate reporting processes.⁴

Under the *Aged Care Act 1997*, older people from non-English speaking backgrounds are identified as a special needs group⁵. This enables specific policies and programs to be designed to enhance access and to build the capacity of aged care providers to deliver culturally appropriate care. The Commonwealth currently funds two key initiatives:

- Partners in Culturally Appropriate Care (PICAC) was established to inform aged care service providers on best practice in the delivery of culturally appropriate care and one has been funded in each state; and
- The Community Partners Program (CPP), where a range of community based organisations are funded to promote and facilitate increased and sustained access by specific communities with significant aged care needs to aged care support services.

In community care, the Commonwealth's policy direction is captured in *A New Strategy for Community Care - The Way Forward* which proposes the establishment of a National Community Care Framework that incorporates the needs of people from culturally diverse backgrounds. The *HACC National Program Guidelines 2002* also identify culturally and linguistically diverse clients as a special needs group who find it more difficult than most to access services.

In effect this means that:

- Separate and special consideration should be given to CALD groups within funding rounds;
- The minimum data set identifies services provided to CALD people so that program managers can monitor the levels of provision against the actual distribution of CALD communities; and
- HACC annual plans should comment on services to all special needs groups.

Each state and territory has an Aged Care Planning Advisory Committee (ACPAC) that provides advice on the distribution of new places (beds and packaged care) among aged care planning regions. In making their recommendations they consider statistical and other planning data on the communities of older people in their states. This includes population distributions and projections of older people from CALD backgrounds plus supply and usage data. All applicants seeking places or packages for general access or specific purposes need to describe how they will provide care for all five special needs groups or for the particular CALD community they wish to target.

The discussion to date has focused on older people. However it should be noted that a significant proportion of people receiving community care services are younger people with a disability. While the rates of disability in the CALD population are similar to those in the wider community, people from often relatively small, newly arrived ethnic and cultural groups are of particular concern. The challenges of providing appropriate support can be significant due to limitations in both sector knowledge of cultural preferences and language assistance.

⁴ The seven service principles in the *Charter* are: access; equity; communication; responsiveness; effectiveness; efficiency and accountability.

⁵ People with special needs are defined in the *Aged Care Act 1997* and *Aged Care Principles* as people from Aboriginal and Torres Strait Islander communities; people from non English speaking backgrounds; people who live in rural and remote areas; people who are financially or socially disadvantaged; and, people who are veterans.

While there are a range of initiatives to assist CALD older people there is a distinct absence of a clearly articulated comprehensive national vision or policy. The “Ethnic Older Persons Strategy” is still the most recent point of reference for Commonwealth policy and it was drafted in 1995 and appears now to have been subsumed by PICAC and CPP. Whether these strategies are effective and meet their objectives should be evaluated as part of the Commonwealth's broader policy development.

No overarching policy dealing with all aspects of culturally competent aged care is in place to deal with the sizeable increase in elders from these backgrounds requiring services into the future. In June 2005 almost 14% of people using residential care and 22% of people using CACPs were people from CALD backgrounds;⁶ an under-representation in residential care and an over-representation in packaged care. This is partially explained by greater targeting of community care services to older people from CALD backgrounds plus a preference for community over residential care.

Even though some ethno-specific allocations are regularly made, it appears to the industry that the unwritten or assumed Commonwealth position still seems to be that generic services can cater for the needs of CALD older people with appropriate supports. *ACSA believes that a mixed service system that accommodates a range of needs, cultural and locational differences is the appropriate policy position.* Ethno-specific, multicultural and cluster models are important and legitimate components of a culturally competent system. Having a mix of services as a policy goal requires further research on what constitutes culturally appropriate care and client preferences within different cultural groups.

Culture and Communication

Culture and communication are central issues which lie at the heart of care to all clients. The overwhelming majority of a person's life is enjoyed outside of the service system within a cultural and social context. Services should complement a person's life experiences and choices and be respectful of their 'usual' life.

CALD clients often revert to first language use as they age and their culture continues to be a primary framework of their lives. Appropriate communication is both a care and access issue. Accurate and appropriate communication between providers, clients and family members is crucial at all times and especially at key moments, such as assessment and the development and review of care plans.

Cultural awareness strategies should be implemented for staff at all levels and from all backgrounds.

In residential care, the accreditation process currently assesses compliance with CALD targeting and CALD appropriate care strategies. This is done primarily through one Standard that specifically refers to cultural identity. However facilities also need to cross reference this with other standards and the Standards Agency do assess this. For example, it should be cross referenced with 2.9 palliative care, 2.10 nutrition and hydration, 3.4 emotional support, 3.7 leisure activities and 3.9 choice. Culturally competent service delivery is relevant to all aspects of care.

⁶ See *Residential Care in Australia 2004-05: A Statistical Overview* and *Community Aged Care Packages in Australia 2004-05: A Statistical Overview*. The figure for residential care clients comprises individuals born in places other than Australia, Other Oceania, New Zealand, Antarctica, UK, Ireland and North America.

Aged Care Assessment Teams (ACATs)⁷ play a crucial role in linking clients to appropriate services. As ACATs are often under-resourced and respond on a crisis basis, there is a risk that cultural issues may not be adequately taken into account in client assessment and referral. Cultural awareness needs to be further developed and enhanced among ACAT staff, including the employment of bi-cultural and bi-lingual assessment staff. Relevant information must be made available to families and clients at this stage.

Culturally Competent Service Provision

The needs of CALD elderly must be incorporated into service provision as an integral aspect of care, not merely as a program 'add-on' or as the responsibility of a small number of ethno-specific and multi-cultural providers. The vast majority of services respect cultural difference and personal choices and place great store on meeting the needs of their clients. Services that are funded on a formula basis, such as residential and packaged care, do not necessarily have the capacity to cover the additional costs that can result from caring for clients from different cultural backgrounds. Similarly, HACC services have difficulty meeting additional costs due to the lower level of financial support per client. Translations and interpreters for clients and families, language classes for staff and the like can place a prohibitive burden on services. Consideration should be given to establishing a *cultural pool* of funds that could assist with meeting cultural norms and standards.

Dementia and palliative care present particular cultural and religious issues for the care of ethnic elders and the involvement of their families. The Australian Government and providers have undertaken some important projects in these areas but further work is required.

Workforce

Educational providers should be encouraged to further develop culturally competent training packages. This includes nurse education, diversional therapy and training for personal carers. Currently the unit "Work with culturally diverse clients and co-workers" is only compulsory for the Certificate III in HACC and is an elective in the Certificate III Aged Care Work (residential care). The current unit has a strong focus on the co-worker. While important, we believe that increased focus is required on dealing with residents, clients and families. Further research into existing curricula is needed and industry consultation should be expanded.

Within an environment of labour shortages the Community Services and Health Industry Skills Council has identified people from CALD backgrounds as a potential source of labour.⁸ Therefore mechanisms for increasing the participation of bi-cultural and bi-lingual staff should be investigated and enhanced. The emphasis on documentation in aged care can mitigate against bi-lingual workers joining the industry due to literacy and communication issues with English and inadequate workplace supports. The current *National Aged Care Workforce Strategy* does not cover community care workers and allied health professionals but does recognise, albeit at a high level at this stage of its development, requirements for the workforce to be able to meet the needs of CALD clients.

Training and ongoing staff development are integral aspects of effective care. Staff in residential and community care services, the Aged Care Standards Agency, assessment services plus all other relevant organisations should be encouraged to participate in ongoing staff development through the use of short courses, enhanced provider induction processes and other sources of information and training. Many communities rely heavily on volunteers and they need to be encouraged and recognised in relation to skill development.

⁷ ACATs are known as ACASs in Victoria.

⁸ Community Services and Health Industry Skills Council, *Engaging the Untapped Workforce*, 2005.

Recommendations⁹

ACSA believes that culture and communication are central issues which lie at the heart of care for all clients. The capacity of all agencies to respond appropriately to their local communities should be enhanced. A mixed service system that accommodates a range of needs, cultural and locational differences is an important and appropriate policy position. Therefore ACSA recommends:

1. That the Australian Government should develop a national vision or policy in consultation with the aged and community care industry and CALD services, consumer groups and communities, that provides a co-ordinated range of initiatives to create a culturally competent service system. This vision may specify targets and would include:
 - a planning framework to meet the service needs of CALD elderly, including those from small and emerging communities;
 - capacity for a diverse range of services to be developed, including ethno-specific services and clusters, based on community and locational preferences;
 - funding for support services and strategies to enhance access and promote good practice, including the consideration of a *cultural pool*; and high-quality research to explore a range of issues relating to culturally appropriate aged care. The policy should include a commitment to regular monitoring and evaluation.

Similar policy development is required in some states for HACC by the Australian and State and Territory Governments in consultation with the appropriate parties mentioned above.

2. That all players involved in aged and community care embrace the cultural competency model in their organizational policies, practices and staffing decisions.
3. That the industry works with the education sector to ensure that cultural competency is integrated into relevant curricula, including with nurse educators and relevant training providers of certificate courses.
4. That the Australian Government identifies specific strategies for developing a culturally competent workforce including, recruiting bi-lingual and bi-cultural staff, within a broader *National Workforce Strategy* with particular reference to successful strategies adopted in some states.

⁹ ACSA has drawn heavily on the VAHEC report, *The Provision of Aged and Community Care Services to People from Culturally and Linguistically Diverse Backgrounds*, 2005.