



NATIONAL AGEING AND AGED CARE STRATEGY
FOR PEOPLE FROM CULTURALLY AND LINGUISTICALLY
DIVERSE (CALD) BACKGROUNDS



Australian Government
Department of Health and Ageing

National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds

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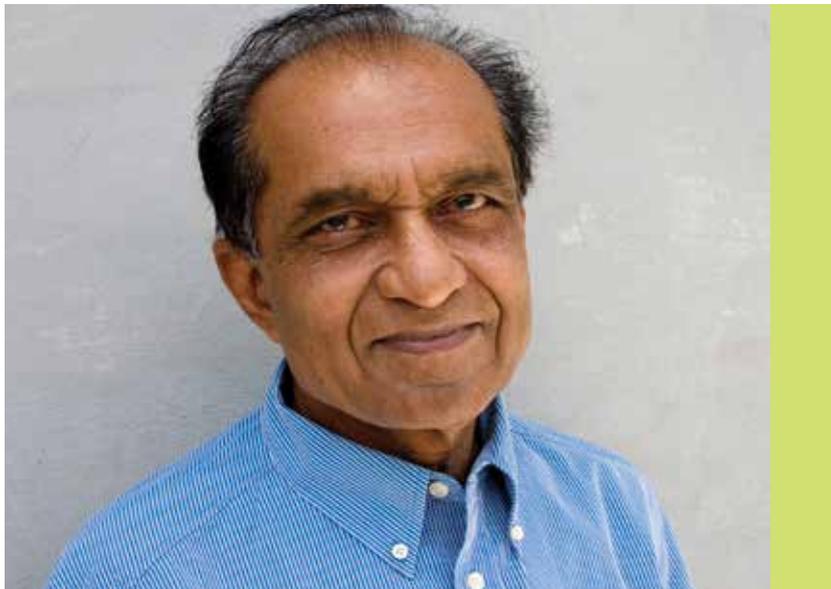
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MINISTERIAL FOREWORD

I greatly welcome the opportunity to present the Government's new *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* (the Strategy).

The Australian Government is committed to ensuring equitable access to high quality, culturally appropriate aged care for people from CALD backgrounds. A range of initiatives have been put in place that recognise:

- a large proportion of older people in Australia were born overseas and the proportion of older people from CALD backgrounds is increasing at a faster rate than other older people;
- changing immigration patterns in Australia will lead to changing consumer cohorts, which will impact on service delivery and require forward planning; and
- barriers to accessible, culturally appropriate aged care still exist in Australia.

The Strategy is designed to inform the way the Australian Government supports the aged care sector to deliver care that is appropriate and sensitive to the needs of older people from CALD backgrounds. The Strategy will assist the Department of Health and Ageing (DoHA) in implementing the activities outlined in the *Living Longer Living Better* aged care reform package and assist in guiding future funding priorities.

It is essential for aged care services to support the lives of older people from CALD backgrounds, their families and carers to continue to contribute to and engage with their communities. Aged care must accommodate the community life of older people from CALD backgrounds, not the other way around.

The Strategy complements Australia's multicultural policy, *The People of Australia*, released in 2011.

The Federation of Ethnic Communities' Councils of Australia is to be commended for their significant contribution to this Strategy and I thank them for their time and commitment.

I look forward to the implementation of this Strategy and its initiatives which will benefit people from CALD backgrounds well into the future.



Mark Butler MP





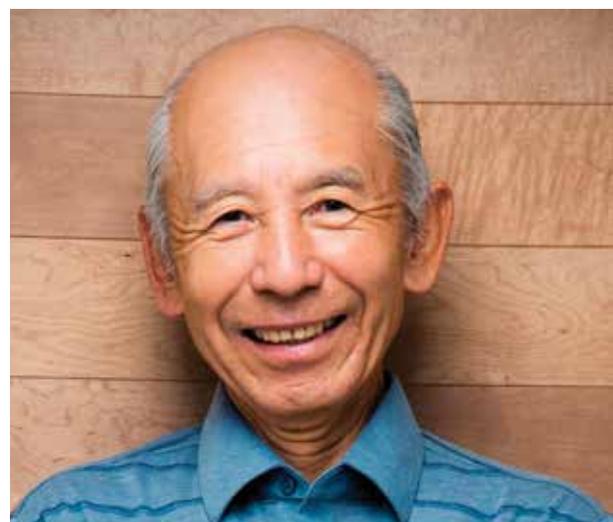
DIVERSE AUSTRALIA

Australia is one of the most culturally diverse nations in the world. People from CALD backgrounds are a significant and growing proportion of the Australian population aged over 65. They have made important contributions to the Australian community in helping build the prosperous and culturally rich country that we live in today. Around 20 per cent of people aged over 65 years were born outside Australia which equates to more than 600,000 people. By 2021, more than 30 per cent of Australia's older population will have been born outside Australia.

While 14 per cent of Australians are aged over 65, this proportion varies significantly among a number of CALD communities due to migration patterns. For example, of those people in Australia who were born in Latvia, Lithuania, Estonia or Slovenia, more than 60 per cent are aged 65 years and over. Conversely, of those living in Australia who were born in South Korea, Taiwan or Afghanistan, less than five per cent are aged 65 years and over.

It is important to recognise that older Australians from CALD backgrounds are not a uniform group. The diversity within Australia's CALD community is significant. Australians identify with more than 300 ancestries and there are more than 260 different languages spoken in Australia today, including Indigenous languages.

By 2021, more than 30 per cent of Australia's older population will have been born outside Australia.



The needs of different CALD communities and individuals within those communities vary considerably. These distinct needs must be recognised and catered for in the aged care system to ensure that it has the capacity to respond to the individual person regardless of their cultural or linguistic background. All individuals are cultural beings embedded within the cultural and linguistic paradigms of their families, social groups, community, education and experiences.

It is also important to recognise the valuable role performed by carers in providing care and support for older people from CALD backgrounds. CALD carers can experience greater difficulty in accessing and navigating the aged care system - many CALD carers are 'hidden' carers who are more likely to experience barriers related to differences in language and culture. Cultural resistance to formal aged care services in many CALD communities means that many older people from CALD backgrounds are themselves a carer for a family member and many CALD carers face cultural and other barriers in accessing carer support services.

All individuals are cultural beings embedded within the cultural and linguistic paradigms of their families, social groups, community, education and experiences.



As with any group of people, older people from CALD backgrounds have multiple diverse characteristics that overlap and alter their specific needs and how they access services. This 'diversity within diversity' includes (but is not limited to) care leavers, being lesbian, gay, bisexual, transgender or intersex, people living with dementia, those in palliative care, suffering financial disadvantage and issues associated with living in rural and regional areas. All of the issues discussed in this Strategy tend to be exacerbated for diverse groups and this can result in very different experiences which need to be considered when providing aged care services.

Also important is the consideration of the needs of older people with refugee or refugee-like experiences, as well as veterans from CALD backgrounds which will require the consideration of their mental health in the development and delivery of appropriate aged care.

Current Approaches to Catering for Cultural and Linguistic Diversity



The Aged Care Act 1997 and its associated principles define a number of *Special Needs* groups that are taken into account in planning and delivering aged care services. People from non-English speaking backgrounds (CALD backgrounds) are designated as one of these groups.

Older people from CALD backgrounds can access and benefit from the same funding and services as other older people in the community. There are also some additional initiatives intended to address their *Special Needs*.

The Australian Government funds an organisation in each state and territory to equip aged care providers to deliver culturally appropriate care to older people from CALD backgrounds. These organisations provide culturally appropriate training to staff of aged care services, disseminate information on high quality aged care practices and support aged care service providers to develop new culturally appropriate services including clusters, ethno-specific and multicultural aged care services.

Funding is also provided to the organisations to assist older people from CALD communities to gain access to aged care information and services. Some of the activities undertaken by the organisations include translations, referrals and information sessions for CALD communities.

Additionally, the Australian Government provides financial support to government funded residential aged care services to access interpreting services. The Department of Immigration and Citizenship's Translating and Interpreting Services (TIS National) provides this service. TIS National is available 24 hours a day, seven days a week and provides both telephone and onsite interpreting.



Culturally and Linguistically Appropriate Care

The term 'culturally and linguistically appropriate' is an umbrella term used to refer to a range of concepts, including:

- cultural and linguistic responsiveness;
- cultural and linguistic inclusiveness; and
- cultural and linguistic sensitivity.

In this Strategy, culturally and linguistically appropriate care is targeted care which is reflective of and responsive to the cultural, linguistic and spiritual needs of the person. It uses cultural and linguistic characteristics, experiences and perspectives of ethnically diverse people to deliver aged care services more effectively.

*'Diversity within diversity'
needs to be considered when
providing aged care services.*





The principles are also designed to assist the aged care sector in considering CALD appropriate practice within their own organisations.

ANNUAL REPORTING

The Department of Health and Ageing (DoHA) will implement the strategic goals of this Strategy and report progress against this Strategy annually. Progress towards the achievement of individual strategic goals will occur over more than one reporting period. The report will be made publicly available and reviewed by key stakeholders in the context of a consultation process to set priorities for subsequent reporting periods. DoHA will publicise the release of annual reports and the existence of this Strategy.

There will be a formal review of the Strategy which will feed into the broader review of the *Living Longer Living Better* aged care reform implementation to be undertaken in 2017.

PRINCIPLES

There are a number of policies being implemented simultaneously as a result of the *Living Longer Living Better* aged care reform package that will affect the lives of older people from CALD backgrounds, their families and carers. To enable all DoHA related ageing and aged care activities to be appropriate to the needs of older people from CALD backgrounds, the following principles have been developed to provide a framework for CALD inclusion in all activities and in the provision of aged care services, as well as the specific strategic goals and actions of this Strategy. The principles are also designed to assist the aged care sector in considering CALD appropriate practice within their own organisations.

These principles are written in present tense to promote the expectation of embedding them into practice immediately or as soon as practicable.

INCLUSION – The needs of older people from CALD backgrounds, their families and carers are included in the development of Australian Government ageing and aged care policies and programs on an ongoing basis

- Ageing and aged care policy and program development is designed, analysed and implemented to be equitable, inclusive of and appropriate to the needs of older people from CALD backgrounds, their families and carers. Priority areas include palliative care needs, dementia and mental and chronic health issues.
- Older people from CALD backgrounds, their families and carers are involved in the development, implementation and evaluation of ageing and aged care programs and services through participatory consultative structures.

EMPOWERMENT – Older people from CALD backgrounds, their families and carers are supported and have the knowledge and confidence to maximise their use of the aged care system

- Older people from CALD backgrounds, their families and carers have the information, knowledge and access to language services to engage with the aged care sector and relevant agencies, including government, as informed and supported consumers and self-advocates.
- Older people from CALD backgrounds, their families and carers have the knowledge, capacity and support to exercise informed choice of aged care services and service providers.
- Older people from CALD backgrounds have human rights respected and are free from elder abuse.

ACCESS AND EQUITY – All areas of ageing and aged care understand the importance of and deliver culturally and linguistically responsive care

- All ageing and aged care services have the responsibility to provide culturally, linguistically and spiritually appropriate and flexible aged care (across generalist, multicultural and ethno-specific service types) to facilitate maximum choice for CALD aged care recipients.
- Ageing and aged care specific information is delivered through communication strategies that are clear, easily accessible and relevant to older people from CALD backgrounds, their families and carers.
- Care should be provided using a consumer directed approach. It is important to have an appropriate understanding of each individual's background, culture, beliefs and needs.
- All healthy ageing policy initiatives consider and address the needs of older people from CALD backgrounds, their families and carers.
- Language and support services are available and utilised to enable older people from CALD backgrounds, their families and carers to access all components of the aged care system.
- Ensure the diverse sub groups within CALD communities (including regional, rural, remote, small communities, emerging CALD ageing communities, care leavers and seniors with low levels of health literacy) are considered in the design of aged care services so as to meet their needs.
- All aged care complaints and feedback mechanisms are culturally and linguistically appropriate.

QUALITY – Care and support services are appropriate to the needs of older people from CALD backgrounds, their families and carers and are assessed accordingly

- Service and service standards meet the cultural and linguistic needs of older people from CALD backgrounds, their families and carers and embody consumer directed care principles.





It is important that the aged care system is responsive to the particular circumstances of people from CALD backgrounds.

- Aged care service providers have the structural capacity and resources to develop organisational competency to support culturally and linguistically appropriate care. This includes the development of aged care worker and volunteer skills and knowledge that enable appropriate consumer directed care to older people from CALD backgrounds.
- Research and translation of research into better practice is encouraged to support development of appropriate policies and programs for older people from CALD backgrounds, their families and carers.

CAPACITY BUILDING – Individuals from CALD backgrounds and CALD communities have the capacity to both articulate their ageing and aged care needs and be involved in the development of services and the workforce to meet these needs

- CALD community capacity is understood and factored into approaches to support older people from CALD backgrounds accessing aged care services.
- CALD community capacity is strengthened to assist in supporting the wider aged care service base to better meet the needs of older people from CALD backgrounds.
- CALD community capacity is strengthened to develop a workforce with the skills and knowledge to deliver culturally, linguistically and faith-appropriate aged care services.
- Partnerships between government, aged care providers and CALD organisations are fostered to build the capacity of CALD people to access all services across the aged care continuum.
- Older people from CALD backgrounds have the capacity to engage with and participate in the delivery of ageing and aged care services, including through volunteering.



STRATEGIC GOALS AND ACTIONS

The Strategic goals and actions are the tangible outcomes that DoHA will achieve from 2012-2017.

GOAL 1 – CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive

ACTION AREAS

DoHA will:

- 1.1 Establish and use existing CALD consultative mechanisms on an ongoing basis to engage on the breadth of aged care issues, as well as on enabling mechanisms such as communication strategies.
- 1.2 Include and support CALD sector advocates in ageing and aged care program development and review consultative mechanisms, including discussions regarding implementation of the *Living Longer Living Better* aged care reform package.
- 1.3 Develop initiatives in dementia assessment/early diagnosis services, acute care, respite care and palliative care that are inclusive of and responsive to the needs of older people from CALD backgrounds.
- 1.4 Increase awareness and understanding of Advance Care Planning among people from CALD backgrounds.
- 1.5 Inform the Aged Care Reform Implementation Council on this Strategy to help ensure alignment with the implementation of aged care reform activities.

GOAL 2 – Achieve a level of knowledge, systems capacity and confidence for older people from CALD backgrounds, their families and carers to exercise informed choice in aged care

ACTION AREAS

DoHA will:

- 2.1 Develop, deliver and promote appropriate multilingual information and education through a whole of department CALD communication framework in order to raise awareness of the full range of aged care and support services and facilitate informed choice of services.
- 2.2 Review on an ongoing basis the National Aged Care Advocacy Program (NACAP) to include an emphasis on promoting, supporting and maximising access to advocacy for older people from CALD backgrounds, their families and carers.
- 2.3 Support aged care providers to take into account cultural, linguistic and spiritual diversity and needs when involving family members, carers and personal advocates in decision-making in consumer directed care environments.
- 2.4 Continue to develop, support and resource innovative programs and projects addressing the goals of this Strategy and identified emerging issues, currently through the Aged Care Service Improvement and Healthy Ageing Grants Fund and any new funding programs.
- 2.5 Acknowledge and resource the role of ethno-specific and multicultural services in developing the capacity of people from CALD backgrounds to access the aged care system.





GOAL 3 – Older people from CALD backgrounds are able and have the confidence to access and use the full range of ageing and aged care services

ACTION AREAS

DoHA will:

- 3.1 Ensure that the Aged Care Gateway delivers culturally and linguistically appropriate services. This includes through language services and various communication mediums. Where limitations exist, consideration will be given to alternate measures to achieve access.
- 3.2 Address the barriers that can reduce the capacity of older people from CALD backgrounds, their families and carers to access aged care services and to receive appropriate care, in specific planning and allocation processes.
- 3.3 Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older people from CALD backgrounds, to minimise social isolation of people receiving aged care.
- 3.4 Develop and implement options to improve and expand the coverage of translation and interpreting services throughout the aged care system.
- 3.5 Promote the availability of language services, to CALD communities and recipients of aged care.
- 3.6 Promote carer specific information to aged care services, CALD communities, carers and recipients of aged care to generate a greater awareness and understanding of the roles of carers as partners in care and continue services that support carers of older people from CALD backgrounds.



GOAL 4 – Monitor and evaluate the delivery of ageing and aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families and carers

ACTION AREAS

DoHA will:

- 4.1 Recognise members of all *Special Needs* groups, including people from CALD backgrounds, within the *Quality of Care Principles 1997* which encompasses the Accreditation Standards, Community Care Common Standards and Flexible Care Standards and support the aged care sector in understanding how older people from CALD backgrounds fit within these accreditation frameworks.
- 4.2 In the development of aged care quality indicators, specific mechanisms will be developed to be reflective of appropriate care for CALD clients.
- 4.3 Support and monitor the development and implementation of dementia services to help ensure that they are particularly responsive to cultural values and understandings.
- 4.4 Work with organisations funded to improve the interface between the health and aged care sectors to address specific barriers encountered by CALD communities in receiving seamless care services.
- 4.5 Ensure that the Aged Care Complaints Scheme is promoted to CALD communities and accessible by older people from CALD backgrounds, their families and carers, including through the use of bilingual workers, interpreting and translating services.
- 4.6 Work with the CALD sector, including consumers and service providers, to develop and provide cultural competency training for promotion and incorporation into all aged care services.
- 4.7 Work with other government departments and agencies to develop appropriate education and training to enhance CALD aged care workforce skills.



GOAL 5 – Enhance the CALD sector’s capacity to provide ageing and aged care services

ACTION AREAS

DoHA will:

- 5.1 Expand options to enhance the capacity of existing and emerging CALD communities as potential aged care service providers, and to develop services across the aged care continuum inclusive of dementia and respite care.
- 5.2 Develop targeted communications to address any existing ‘stigma’ in CALD communities that inhibits aged care service access and use.
- 5.3 Support the implementation of this Strategy by promoting awareness of the Strategy and its annual reporting.
- 5.4 In partnership with the CALD sector, develop targeted communications to encourage members of CALD communities to consider employment, volunteering and training in the aged care sector.
- 5.5 Develop structured pathways to facilitate the employment of appropriate bilingual staff in the aged care system.
- 5.6 Develop relevant service models and partnerships that facilitate the involvement of CALD communities in delivering aged care.

GOAL 6 – Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population

ACTION AREAS

DoHA will:

- 6.1 Work with ageing research bodies to help ensure CALD communities are represented, at least in proportion to the size of their community, in all representative studies and surveys of older population and aged care and that this diversity is reflected in reach analysis.
- 6.2 Develop, in collaboration with research organisations, a program of research to inform equitable, quality, effective, inclusive and accessible aged care services to CALD communities.
- 6.3 Work with the Australian Institute of Health and Welfare (AIHW) to establish the Aged Care Data Clearing House, including access to information about CALD clients, practical resources, operations/ procedures manuals, case studies, research materials, problem solving workflows, organisational change work plans and health promotion packages. Included in this would be an active role to monitor services gaps for CALD clients and identify priority interventions.
- 6.4 Work with research bodies to help ensure that the diversity of the Australian population is represented in all elements of health and medical research.
- 6.5 Work with the Australian Bureau of Statistics (ABS) to:
 - (a) Develop standards for ensuring relevant data collections include appropriate representation of older CALD groups.
 - (b) Ensure coding and publication of data from relevant data collections is provided for older CALD communities.
 - (c) Develop and make freely available a compendium of available data sources relevant to older CALD populations, and CALD aged-specific datasets, to support the implementation of this Strategy.
 - (d) Include CALD indicators within the Australian Census, Survey of Disability, Ageing and Carers (SDAC).
- 6.6 Utilise personal stories, data, advice and research obtained in collaboration with the CALD community to inform the development/improvement of responsive aged care planning and service delivery.

APPENDICES

Acronyms and Terms

ACAT	Aged Care Assessment Team
Aged Care	Encompasses Australian Government funded programs providing personal care and/or nursing services, including Home Care (community care), the Home and Community Care Program, respite care, residential care and from July 2015, the Home Support program.
Aged Care Gateway	The identifiable entry point for the aged care system to enable timely and reliable information to be accessed by older people, their families and carers.
CALD	Culturally and Linguistically Diverse
CALD Stakeholder	Any person or agency who has an interest in culturally and linguistically diverse individuals or communities. They may be service providers, consumers, carers, researchers and citizens.
Carer	People who provide personal care, support and assistance to people with disability, medical conditions (including terminal or chronic illness), mental illness or frailty due to age (as per the <i>Carer Recognition Act 2010</i>). Carers include family members, friends, relatives, siblings or neighbours.
Care Leaver	For the purpose of the Strategy, a care leaver is an adult who spent time in care as a child (i.e. under the age of 18). This care would have been approved by the state through a court order or on a voluntary basis. Such care could be in foster care, residential care (mainly children's homes) or other arrangements outside the immediate or extended family. The care could have been provided directly by the state or by the voluntary or private sector. The term 'care leaver' includes Forgotten Australians, Former Child Migrants and Stolen Generations.
Community Care	Care consisting of a package of personal care services and other personal assistance provided to a person who is not being provided with residential care (as per s.45-3 of the <i>Aged Care Act 1997</i>).
Consumer Directed Care (CDC)	For the purpose of this Strategy, CDC empowers the person to have more control over their own lives. It focuses on the person's life goals and strengths, placing their needs at the centre of the services and support (including aged care and health services). The person makes choices and/or manages the services they access, to the extent they are able and wish to do so, including who will deliver the services and when. Where there is a carer their needs are also acknowledged and considered. CDC incorporates many of the principles of Person Centred Care, while putting the consumer in charge of decisions about their care.

EACH	Extended Aged Care at Home
Ethno-specific	Service category based on ethnic, linguistic or religious community providing a service to its own members.
FECCA	Federation of Ethnic Communities' Councils of Australia
Generalist	Service category without a designated demographic. An alternative to 'mainstream' provider.
HACC	Home and Community Care
Home Care	From 1 July 2013, two new types of Home Care package (Level 1 and 3) will be established to complement the existing CACPs (Level 2 packages) and EACH packages (Level 4 packages) – providing a continuum of home care options covering basic home care support all the way through to complex home care.
Home Support	On 1 July 2015, the HACC program, the National Respite for Carers Program, Day Therapy Centres and the Assistance with Care and Housing for the Aged Program will be consolidated under a new Home Support program. The Home Support program will have a focus on prevention and reablement as the first level of care in an end-to-end aged care system.
Multicultural Services	Service category based on provision of services to a range of ethnic, linguistic or religious communities.
Peak organisation	An association of industries or groups generally established for the purposes of developing standards and processes, or to act on behalf of all members when lobbying government or promoting the interests of the members.
PICAC	Partners in Culturally Appropriate Care
Residential Care	Personal care and/or nursing care, that is provided to a person in a residential facility in which the person is also provided with accommodation that includes appropriate staffing to meet the nursing and personal care needs of the person; and meals and cleaning services; and furnishings, furniture and equipment (as per s.41-3 of the <i>Aged Care Act 1997</i>).
Special Needs group	The term "people with special needs" is defined in section 11-3 of the Act and sections 4.4B to 4.4E of the <i>Allocation Principles 1997</i> made under the Act. There are eight groups of people with special needs, people from Aboriginal and Torres Strait Islander communities; people from non-English speaking (culturally and linguistically diverse) backgrounds; people who live in rural or remote areas; people who are financially or socially disadvantaged; people who are veterans, (of the Australian Defence Force or an allied defence force), including the spouse, widow or widower of a veteran; people who are homeless or at risk of becoming homeless; people who are care leavers; and people from the Lesbian, Gay, Bisexual, Transgender and Intersex community.

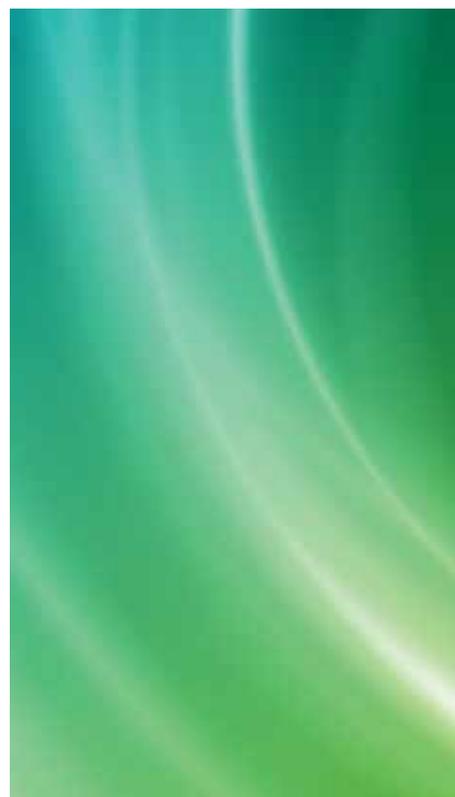
Relevant Policy and Legislative Frameworks

- *Living Longer Living Better* aged care reform package
- *Quality of Care Principles 1997*
- *The People of Australia – Australia’s Multicultural Policy*
- *Charter of Public Service in a Multicultural Society*, Department of Immigration and Multicultural Affairs, 1998
- *The National Framework for Action on Dementia*
- National Palliative Care Strategy
- National Carer Strategy 2011
- *The Statement for Australia’s Carers (s. 2.2 of Carer Recognition Act 2010)*
- *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy*
- *Access and Equity for a multicultural Australia* – inquiry into the responsiveness of Australian Government services to Australia’s culturally and linguistically diverse population
- *An Investment Not an Expense: Enhancing Health Literacy in Culturally and Linguistically Diverse Communities*, Ethnic Communities Council of Victoria August 2012
- *The Universal Declaration of Human Rights*
- *Respect and Choice – A Human Rights Approach for Ageing and Health*
- State and Territory ageing and aged care strategies
- *National Mental Health Strategy 2012*
- *Cultural competency in health: a guide for policy, partnerships and participation*, National Health and Medical Research Council 2006



Further Reading

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www.health.gov.au/caldstrategy

All information in this publication is correct as at November 2012.