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Senate Community Affairs References Committee
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Inquiry into the EFFECTIVENESS OF THE AGED CARE QUALITY ASSESSMENT AND ACCREDITATION FRAMEWORK FOR PROTECTING RESIDENTS FROM ABUSE AND POOR PRACTICES, AND ENSURING PROPER CLINICAL AND MEDICAL CARE STANDARDS ARE MAINTAINED AND PRACTICED.

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australia's culturally and linguistically diverse (CALD) communities and their organisations. FECCA provides advocacy, develops policy and promotes issues on behalf of its constituency to Government and the broader community. FECCA supports multiculturalism, community harmony, social justice and the rejection of all forms of discrimination and racism so as to build a productive and culturally rich Australian society. FECCA's policies are developed around the concepts of empowerment and inclusion and are formulated with the common good of all Australians in mind.

FECCA thanks the Senate Community Affairs References Committee for the opportunity to provide contribution to this important inquiry which covers outcomes for vulnerable elderly people living in our residential aged care facilities who are from CALD backgrounds.

FECCA would like to provide commentary on the following two terms of reference:

(a) The effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised;
(b) The adequacy and effectiveness of complaints handling at a state and federal level, including consumer awareness and appropriate use of the available complaints mechanisms.

Introduction

As at June 30 2015, there were 32,483 older Australians from CALD backgrounds in residential aged care which was 18.3% of the total residential aged care population. The percentage of CALD older people in residential aged care has been steadily increasing with a 0.4% rise from the previous reporting term. This represents a significant proportion of people accessing residential aged care. It is imperative that the needs of this cohort are fully embraced when residential aged care services are being monitored and accredited.

The processes to accredit and monitor residential aged care services generally do not cater adequately for the needs of ageing Australians from a culturally and linguistically diverse background. People who experience communication and/or cultural barriers such as older people who are ageing in a land where they were not born, or not able to understand the dominant language – English, should all be consulted with during accreditation and advised of the accreditation and monitoring process which covers all residential aged care services.

Whilst the Aged Care Complaints Commissioner website holds translated resources on its website, greater attempts to explain the accreditation and monitoring services need to be in place in order for a fair and equitable complaints system to be in place. The responsibility of explaining the accreditation and complaints mechanism should not fall on the aged care service provider. There must be a concerted strategy to inform all older Australians of their right to lodge a complaint by a range of statutory bodies, including the Aged Care Complaints Commissioner, The Australian Aged Care Quality Agency, The Department of Health and aged care service providers.

Effectiveness of the assessment and accreditation framework

For a truly effective system to exist which accommodates the accreditation and monitoring requirements of residential aged care services there needs to be:

- Changes to the Legislative authority in regards to minimum meeting (face to face) requirements for quality surveyors with residents at a facility. These changes should include that meeting with people from diverse backgrounds and population groups is mandatory when they are receiving care services from a provider.
- Accreditation performed by officers of the Quality Agency who have undergone targeted training to assess the outcomes of care for CALD older people. Additionally, it is important for these officers to understand the challenges of the CALD ageing cohort and who are aware of the inherent difficulties which this cohort encounter when receiving services from the sector.
- A representation of cultural diversity within the staffing cohort of the Quality Agency.
- When interviewing CALD older people during the accreditation process, the Quality Agency commit to utilising face to face interpreting and translating services to ensure that the residents fully understand the questions being asked.
- Interview questions by the Quality Agency to residents to be open ended and not closed resulting in a ‘’yes’’ or ‘’no’’ response. FECCA acknowledges that the Quality Agency are currently working on expanding its consumer feedback experiences processes in residential aged care and welcomes this initiative.

- Mandatory utilisation of interpreter and translating services to assist residential aged care providers to deliver the accreditation standards in a manner which fully considers the needs of CALD older people.

For many elderly migrants in residential aged care, adapting to a foreign environment outside of their home is difficult and challenging; particularly if the service does not cater in-house for their specific culture or language group.

FECCA does not consider it appropriate for the purposes of accreditation to engage a bilingual worker who is employed at a facility to assist in any interpreting for the purposes of accreditation. The resident may feel coerced to remark positively to someone working within the facility and it also places undue pressure on the bilingual worker to convey positive messages to the accreditor. As the accreditation process is an important activity which examines the suitability of an approved provider to continue operating; the appropriate protocol should include that an interpreter is engaged for providing feedback when the resident being interviewed by a quality surveyor is from a CALD background and unable to communicate effectively in English.

FECCA has specific commentary to offer on several of the 44 Accreditation Standards in relation to their effectiveness as they relate to CALD older Australians in residential aged care.

Standard 1.4 Comments and complaints – Complaint and feedback mechanisms are an integral part of service delivery in both the public and private sector. Complaints and feedback help to improve and develop service provision, promote public control of the performance of services, protect and promote rights of citizens in service delivery, strengthen interaction between the government and its citizenry, enhance public satisfaction with public service delivery, and promote democratisation of policy and public service delivery.[1] Complaint and feedback mechanisms provide transparency by allowing an individual to engage in dialogue with a service provider over particular issues and be provided with reasons and processes for specific decisions. Engaging citizens through methods such as feedback and complaints mechanisms – often referred to as social accountability – is a popular remedy for public sector performance weakness.[2]

FECCA acknowledges that there are translated resources available in various languages to cater for the comments and complaints mechanisms which are available to the aged care resident. FECCA argues that merely providing written resources to an elderly person whose first language is not English does not satisfy this accreditation standard for people from CALD backgrounds. The service provider should demonstrate that the resident and/or nominated representative actually understands the process and there should be a mandatory requirement to provide this information to the resident and their support people in a format which is understood. FECCA recommends that an interpreter is utilised by service

[1] A. Pramusinto, "Building Complaint Handling Mechanisms for Effective Leadership," *International Journal of Administrative Science and Organization* 20, no. 3 (Sept 2013): 144-152

[2] D.W. Brinkerhoff and A. Wetterberg, "Gauging the Effects of Social Accountability on Services, Governance, and Citizen Empowerment," *Public Administration Review* 76, no. 2 (2015): 274-286

providers for this specific accreditation standard to ensure that the complaints and comments process is fully comprehended and not left merely to the provision of a translated resource to be handed over during the intake and assessment process. Additionally an understanding and a ‘’sign off’’ from the resident or advocate should be produced during the accreditation process to verify that CALD residents have understood this important standard.

Standard 1.5 Planning and leadership – That the service’s vision, values, philosophy, objectives and commitment to quality aged care includes a CALD strategy which reflects commitment to providing aged care which is appropriate for ageing cohorts of culturally and linguistically diverse population groups.

Standard 1.6 Human resource management – It is important that human resource management practices outline how the service ‘on boards’ new staff and it should include any orientation strategies for new care staff members. This is particularly important for staff members from diverse cultural and linguistic backgrounds who face challenges in adapting to a new country and also for many, a new workforce sector environment.

Multicultural aged care staff members who are from Non English Speaking backgrounds need to be supported with appropriate tools, resources and training to care and manage interactions with elderly residents who may not be accustomed to dealing with people from diverse cultural backgrounds. This should be included in the review by Quality Agency staff of diversity measures engaged within the facility.

Standard 2.3 Education and staff development – Education and staff development around delivering culturally appropriate care is essential and should be assessed in terms of its regularity and content. FECCA welcomes the contribution of the Partners in Culturally Appropriate Care initiative which supports the residential aged care sector to provide culturally appropriate aged care. It is essential that the resourcing of this service is expanded and targeted to provide support for the growing number of CALD residents and for the new and emerging communities that are seeking services. There needs to be targeted cultural briefings developed and delivered where clusters of specific cultural communities are ageing in place which include health and personal care considerations. As the Asian, South East Asian and Arabic speaking communities are ageing it is important that their needs are fully represented in cultural awareness training.

Standard 2.4 Clinical care – Effective communication is essential as well as an understanding of cultural values which may impact on the care relationship. How are personal care attendants and clinical staff communicating with residents from CALD backgrounds? Are the accreditation and monitoring processes evaluating this feature of care for CALD residents? If gender preferences are articulated due to cultural and spiritual considerations are these in fact being delivered by the facility?

Standard 2.9 Palliative care – Does the service articulate to CALD residents the services available for Palliative Care in their language of choice or in a format which is easily understood? There are cultural implications around the provision of Palliative Care and they need to be understood by care teams to ensure adequate and appropriate care is made

available to people from CALD backgrounds. Education about cultural diversity in the palliative approach is recommended for aged care teams to enhance an understanding of care preferences of individuals from different cultural backgrounds. Efforts to accommodate these preferences promote individualised care which benefits individuals and their families.

Standard 2.12 Continence management – It is important to understand that the culture of an individual may impact greatly on the health and self-management behaviours relevant to the prevention and management of incontinence. Discussing the sensitive issues around continence management is particularly challenging if one does not speak English. As well as the lack of English proficiency, attitudes and social taboos common to many CALD groups, make the topic difficult to address. In fact, in some languages there is no direct translation for the continence and incontinence. FECCA considers that the assessment and monitoring of this standard should capture a specific mention of continence education, awareness and management for people from CALD backgrounds ageing in a residential facility.

Standard 2.13 Behavioural management - FECCA is concerned that this accreditation standard is not assessed appropriately for people who experience changes in behaviour from CALD backgrounds. For example, how is behavioural management being conducted for CALD older people living with dementia? Are they communicated to in their first language when changes in behaviour are being addressed (being mindful that many people lose the ability to communicate in any adopted language when living with dementia)? How are changes in behaviour being managed for this cohort? Are specialised teams able to speak and communicate in a language understood by the resident?

It is imperative that the monitoring and assessment process specifically addresses this standard and evaluates performance of the any services for all residents being cared for in a facility who are from CALD backgrounds.

Standard 2.15 Oral and dental care – As greater numbers of older people are retaining their natural teeth longer it has been highlighted that people living in aged care have substantially poorer oral health outcomes.[3] This indicates to FECCA that this particular standard is failing to protect the oral health of older Australians residing in care, as they have up to 'three times the risk of untreated tooth decay' than the general public.[4] This is particularly concerning for residents of CALD backgrounds who may not be aware of addendum dental services due to a lack of English language proficiency. Studies have demonstrated that there are several important discrepancies between the recommendations made in evidence-based guidelines for oral care and the implementation of such practices in residential care settings.[5] FECCA urges that the assessment and monitoring of this standard is revised to explicitly address this issue with recommendations for assessors to personally inspect residents on their oral hygiene state. FECCA additionally requests that oral health policies should specifically

[3] The Conversation Media Group Limited 2010-2017, The Conversation, May 22, 2017, *The Shocking State of oral health in our nursing homes and how family members can help,* available at http://theconversation.com/the-shocking-state-of-oral-health-in-our-nursing-homes-and-how-family-members-can-help-77473. Accessed 20 July, 2017.

[4] Ibid.

[5] Hilton S, Sheppard JJ, Hemsley B, NCIB, 'Feasibility of implementing oral health guidelines in residential care settings: views of nursing staff and residential care workers', 2016 May 30; 194-203.

address oral health procedures which cover people from a CALD background and what communication techniques are utilised by care staff. FECCA would like to understand how CALD older people are communicated with on the importance of attending to oral hygiene.

Standard 3.3 Education and staff development – There needs to be stronger emphasis or a formal requirement to demonstrate ongoing education and staff development around cultural capability and intelligence around residents' being able to retain their personal, civic, legal and consumer rights. It is not acceptable that satisfying this criteria includes obtaining resources in specific languages or attending conferences. It needs to be demonstrated to the accreditation officer that meaningful engagement is carried out over the term of the accreditation period with ongoing commitment to cultural awareness education which leads to acceptable and enhanced engagement practices with the resident in order for them to take active control of their own lives within the residential care service and in the community.

Standard 3.4 Emotional support – FECCA is aware that many CALD older people ageing in residential facilities experience loneliness and isolation. This can be due to a number of reasons, however, most pertinent is the lack of language immersion and cultural disconnect experienced by the CALD resident. FECCA specifically requests that the accreditation and monitoring process addresses how the residential facility is catering for CALD emotional support. In regards to assessing depression, are the depression assessment and diagnostic scales being delivered in a culturally appropriate format? Is this being addressed in the accreditation and monitoring process? How does a facility demonstrate that they are understanding this accreditation area for people who do not speak English? Are interpreters being utilised for this important standard area?

Standard 3.7 Leisure interests and activities – Overcoming language and cultural barriers is essential to assisting CALD residents to develop a sense of social connectedness and belonging. For example, how is the facility fostering and supporting a sense of belonging for CALD residents? Do they run dedicated programs for CALD residents? FECCA recommends that residential facilities address how they are linking in with local culturally specific social support groups who are able to provide leisure activities for CALD residents. This is particularly necessary if the CALD resident does not have a family who can bridge the need for cultural and leisure support. This is particularly important as the lack of English language proficiency can inhibit the CALD older person from connecting with other residents who speak English only on a daily basis which can lead to the curtailing of their leisure interest participation.

Standard 3.8 Cultural and spiritual life – Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued, fostered and understood by all levels of staff with appropriate supplementary support of ongoing culturally competent training as CALD ageing cohorts present for care within the service.

Standard 4.6 Fire, security and other emergences – Is all signage and information pertaining to fire, security and emergency procedures displayed in a format which is understood by ALL residents, including those who are not literate in English and/or their own language? Many of

our CALD elderly constituents are not literate in their own language and therefore will be unable to understand written signage which is essential in the case of an emergency.

FECCA recommends that communication formats include audio and/or visual resources to enable a full understanding of the emergency procedures which are essential in a residential aged care facility with specific assessment and monitoring around this safety issue.

Standard 4.8 Catering, cleaning and laundry services – Are the catering services appropriate for the cultural needs of elderly residents. Are elderly people from CALD backgrounds having their catering needs attended to? If an elderly CALD resident has specifically requested meals which are not standard for the facility, then have they been provided?

Non-compliance

FECCA understands that as part of the complaints process regarding occasions of non-compliance, there is the opportunity for information to be passed onto the Quality Agency through the Department from various bodies including; health complaints bodies, consumer advocacy groups, from within the Department itself and through media reports and letters to Members of Parliament. FECCA recommends that awareness raising in regards to submitting complaints to Regulatory bodies for issues of non-compliance is conducted through an extended network of cultural, ethno-specific and religious organisations. FECCA is open to engagement and discussions on this point.

Additionally, FECCA believes that a low risk non-compliance judgement is an insufficient response from the Quality Agency where cultural needs of CALD care recipients are not being met. The absence of culturally appropriate aged care should be considered a high risk to a CALD older person's health and wellbeing.

FECCA receives feedback in regards to CALD ageing people in residential facilities who are not receiving culturally appropriate care. For example, our consultations and discussions suggest that for many members of the Chinese community ageing in a residential aged care facility may result in social and cultural isolation due to:

- the food typically served in residential aged care facilities is not appropriate for them.
- language difficulties mean that they are unable to communicate their needs to the care staff. This has dire implications for these people not only for dietary and social needs but also for clinical considerations where interventions become necessary.
- the lack of consideration for cultural and spiritual needs extend to affecting the mental health of our ageing CALD residents. Lacking the ability to engage or have these needs met can lead to outcomes which are not equitable. Chinese community leaders have discussed that their community members ''die of a broken heart'' when placed in residential aged care that does not meet their cultural requirements.

FECCA believes that the existing assessment and monitoring processes around the service provision to elderly CALD residents is failing to attend to the needs of CALD ageing cohorts. Aged care provision in government subsidised care must be accessible and equitable to all population groups. These groups must be afforded care which is appropriate to their health,

social, cultural, spiritual and economic needs. FECCA recommends that it should be mandatory that staff development at the minimum covers the following areas:

- end of life care for culturally and linguistically diverse groups;
- cultural attitudes and perspectives of death and dying;
- cultural attitudes and perspectives of palliative care;
- cultural attitudes and perspectives of dementia;
- how to deliver culturally appropriate personal care;
- how to connect with communities who may assist with providing volunteer services to benefit and enhance CALD social connectedness;
- multi-level cultural competency training which targets boards of management, senior and middle management and quality staff as well as personal care, allied health and clinical staff and
- this training should also include an assessment feature. There also needs to be a follow up mechanism where the training is evaluated post implementation to understand whether it has made a difference to the way that care has been delivered.

The adequacy and effectiveness of complaints handling

FECCA considers it imperative that complaints handled by the Aged Care Complaints Commissioner are captured in relation to population groups and diversity measures.

The CALD ageing policy, sector support and operational areas will benefit by having access to the statistics that indicate what percentage of people from CALD ageing backgrounds are making complaints or initiating communication with the Commissioner. Without this information it is difficult to evaluate the effectiveness of the translated resources which are produced regarding the complaints mechanism, nor the type of complaints being made by CALD care recipients and their families or representatives.

Complaining and providing feedback are essential elements of developing and monitoring service delivery in the aged care sector. Complaining also is a fundamental feature of human interaction. However, it is tightly regulated by social and verbal norms of interaction.[6] Complaining and providing feedback is also influenced by other factors including knowledge, capacity, language, and culture. A range of factors will determine the likelihood of a person making a complaint, the likely success of a justified complaint, the method of complaining and the channel preferred for making complaint. In most cases where a service failure takes place an individual will not lodge a complaint.[7]

Given the complexity of factors that might influence a complainant's propensity and ability to successfully provide feedback or complain, there must be a willingness on the part of government services to be creative and adaptive to ensure all consumers are able to provide feedback and access support when things go wrong.

[6] D. S. Giannoni, "A comparison of British and Italian customer-complaint forms," *English for Specific Purposes* 34 (2014): 48-57, 50.

[7] A. Boden in Pramusinto, "Building Complaint Handling Mechanisms"

When designing an effective feedback and complaints mechanisms, it is critical to have an understanding of the elements that might encourage or discourage engagement. The key elements, as outlined in the literature, are:

1. **Knowledge of complaints and feedback mechanisms**[8]

It is critical that a consumer knows, firstly, that they can or have the right to complain and, secondly, are aware of the complaints mechanisms available to receive a complaint. This means that the provision of information in appropriate languages and through appropriate communication channels and formats is critical. Consumer knowledge will also be impacted by whether or not the service provider actively seeks feedback or is ambiguous or passive in the complaint handling process and promotion of opportunities to make complaints. Many older CALD consumers are unaware of the existence of complaints mechanisms in general. This makes them less likely to engage in making a complaint. Indeed, in their country of origin, or the country which they emigrated from may not have had a system whereby the private citizen was empowered to complain.

2. **Cultural background of the complainant**

Cultural background may influence a person's willingness to make a complaint.[9] Culture can also have an impact on how or through what channel an individual may choose to complain or feel comfortable making a complaint.[10] An example of this is uncertainty avoidance – the tendency of an individual to avoid a situation that might cause discomfort – which is more dominant in some cultures more than others. Cultures where uncertainty avoidance is more marked may be less likely to complain, or prefer channels that avoid direct contact or conflict.

3. **Perceived value of making a complaint or providing feedback**

Before making a complaint, consumers will likely consider the possible outcomes against the risk, difficulty and cost (both financial and otherwise) of making a complaint.[11] The cost for older CALD consumers to make a complaint can be high. This is because they face additional barriers including organising and communicating through an interpreter, communicating in English as a second language or having to engage an advocate or third party (for example a family member, bilingual worker, interpreter where confidentiality may present as an issue) to assist in providing feedback. Lower English language proficiency is one of the biggest barriers in this category. In a study of disability benefit claimants in the United Kingdom, those belonging to ethnic minorities tended to file fewer complaints because of their limited command of English.[12] If language services are not easily available, it can create an insurmountable barrier to providing feedback or making a complaint.

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[8] Pramusinto, "Building Complaint Handling Mechanisms"

[9] G. Hofstede, *Culture's consequence: comparing values, Behaviours, institutions and organisations across countries*. (2001). Sage, Thousand Oaks.

[10] Singh, "Voice, exit"; R.R. Liu & P. McClure, "Recognizing cross-cultural difference in consumer complaint behaviour: replication and extension," *Journal of Consumer Satisfaction, Dissatisfaction and Complaining Behavior* 10, (2001): 91-103

[11] Y.-K. Kim & H.-R. Lee, "Passenger complaints under irregular airline conditions – cross-cultural study 15," (2009): 350-353

[12] Giannoni, "A comparison"

4. **Differences in power between service providers and consumers**

An individual may not make a complaint in cases of (perceived or actual) power differences between consumers and service providers.[13] This is particularly relevant in the provision of government subsidised aged care services. Individuals from cultures that emphasise respect and seniority may also be less likely to provide feedback or make complaints in situations of power differentials. Fear of reprisal also is an inhibitive factor, particularly where personal care is provided.

5. **Demographic and psychographic influences**

Level of education is a determinant of the likelihood of making a complaint.[14] This is an issue across Australian society and many migrants, especially those coming to Australia as skilled migrants, have significant educational attainment. However, it has particular relevance for some migrants, particularly those arriving through the humanitarian stream, whose education may have been interrupted in their journey seeking refuge. In terms of aged care, this has much relevance as the 2016 National Aged Care Workforce Census and Survey Report (NACWCS) states that the diversity of the aged care workforce includes 32 per cent of residential care workers were born overseas.[15] Therefore complaints concerning older CALD Australian's care may not emanate from within the sector. The literature suggests that complainers are most likely to be female, younger, better educated, and have a higher income.[16]

6. **Severity of the service failure**

The severity of a service failure will determine the likelihood of making a complaint.[17] Given that the costs for CALD Australians of making a complaint will generally be higher, it should be assumed, therefore, that CALD Australians are less likely to make a complaint, as compared with the general population, even if they have been caused damage.

Additionally, consumer behaviour may also reflect local conditions and legislation of their country of origin. For example, if someone in their home country is used to not complaining and used to poor service standards, then they may be less likely to do so in Australia.[18]

Imposing restrictions on service provision

FECCA is aware that sanctions can be imposed on residential aged care services when services fail to comply with the accreditation standards and there have been immediate and severe risks to the health, safety and wellbeing of residents.

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[13] I. Phau & M. Baird, "Complainers versus non-complainers retaliatory responses towards service dissatisfactions," *Marketing Intelligence & Planning* 26, no. 6 (2008): 587-604

[14] Singh, "Voice, exit"

[15] Department of Health, 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce 2016, Commonwealth of Australia, 2017:xv-xviii

[16] Phau & Baird, "Complainers"

[17] A.L. Dolinsky, "A consumer complaint framework with resulting strategies," *Journal of Services Marketing* 8, no. 3 (1994): 27-39

[18] Giannoni, "A comparison"

FECCA strongly urges the Quality Agency to pay particular attention to the aged care outcomes of residents of aged care facilities who are from culturally and linguistically diverse backgrounds, particularly those living with dementia and those who have limited access to family support and/or people who are able to actively advocate for them. It is projected that people living with dementia from CALD backgrounds will be over 61,000 by 2030[19] and appropriate care must be provided to these Australians.

FECCA understands that the matter of imposing sanctions on aged care facilities can be fraught with difficulty, because of the ongoing care of the vulnerable individuals in that facility must be assured and provided for. It is important that the Department of Health continues to maintain vigilance in regards to sanctions and be prepared to restrict operations and funding until the facility is deemed fit to continue with its service provision, including the non-compliance of delivering culturally appropriate care.

FECCA supports the process of unannounced periodical spot checks on residential facilities carried out every year by the Quality Agency. FECCA also supports on site assessments and would recommend that the Quality Agency do not curtail this process by adopting a self-assessment based procedure or leaving assessments up to management or boards of management.

FECCA sees much value in the accreditation process including on site observations at mealtimes, medication routines and behavioural management strategies. FECCA also would request that the accreditation process specifically includes observations around communication techniques involving CALD residents by a suitably qualified CALD 'culturally intelligent' accreditation officer. Additionally, FECCA would strongly urge that the Quality Agency interview CALD residents with the support of an appropriate independent interpreter who understands the aged care sector and the requirements of the accreditation standards.

FECCA considers it important that providers of residential aged care services are expected and able to clearly demonstrate how they are meeting accreditation requirements in a manner that can actually be measured and assessed for cultural inclusivity and culturally appropriate service provision and organisational practices. FECCA highly recommends that accreditation standards include that a CALD strategy is required by organisations providing aged care services captured in their strategic management portfolio. Additionally, new providers who apply for Approved Provider Status must be required to demonstrate the inclusion of a CALD strategy in their organisational policies and procedures.

Conclusion

FECCA urges that the Regulatory processes consider the challenges faced by CALD older people and make the following considerations during the assessment and accreditation process:

- Can the service demonstrate the proportion of their customers from CALD backgrounds?

[19] Access Economics, *Keeping Dementia Front of Mind,* August 2009, p.34.

- Does the service collect, produce and make available for public knowledge CALD specific data?
- What strategies are in place to cater for CALD specific needs in the area?
- How does the service engage and communicate with CALD residents, especially those residents not proficient in the English language?
- Does the service conduct dedicated programs for CALD residents?
- How do they draw meaningful feedback from their CALD residents?
- What is the make-up of the workforce? Does it reflect the diversity of their resident cohort?
- Does the service employ bilingual bicultural staff?
- Does the service consult and plan with other organisations in order to deliver effective services and programs for CALD residents? If so, how are they demonstrating this?
- How is the service conducting their professional development in regards to CALD cultural capability? It needs to demonstrate that practical and engaged training is helping to achieve heightened outcomes for residents and should be assessed and reviewed periodically.
- Is diversity management reflected in the values and mission of the organisation, as well as its policies, procedures and workforce development principles and practices.
- Is the multicultural staff cohort appropriately trained to deal with the complexities of the aged care system in Australia? This should address the inherent attitudes towards staff from diverse cultural and linguistic backgrounds by non-CALD residents and staff.

FECCA recommends that the new single aged care quality framework which is in draft format considers the inclusion of a standard which relates to 'Responding to Diversity'. This addition will ideally fit in with the proposed new Diversity Framework which is currently being developed by the Department of Health with the assistance of representatives from diverse population groups from the ATSI, LGBTI and CALD consumer groups, including FECCA.

FECCA wishes to thank the Senate Community References Committee for the opportunity to contribute to the inquiry into the *Effectiveness of the aged care quality assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practiced.*