

POSITIVE CALD

# Ageing Network



## WELCOME TO THE 9TH EDITION OF THE POSITIVE CALD AGEING NETWORK (PCAN) NEWSLETTER

Message from FECCA Chairperson, Ms Mary Patetsos

It has been a heartbreaking, tragic and challenging year for older people and for the aged care sector with the COVID-19 pandemic and its impacts, which have taken place in the midst of the ongoing Royal Commission.

Even with these tragedies unfolding, there have still been stories of innovation, possibility and hope, which this edition of the PCAN newsletter aims to showcase.

In this spirit, I would also like to highlight some of FECCA's and our partners' work and achievements this year, which include:

### Appointment of FECCA to the Aged Care Sector Committee

This year I was appointed to the Aged Care Sector Committee to represent the issues facing CALD older Australians. The role of the Committee is to provide advice to the Government on aged care policy development and implementation. This appointment is welcome recognition of the needs of culturally and linguistically diverse older people in aged care, and FECCA's expertise and contributions in this area.

### Industry Code for Visiting Residential Aged Care Homes during COVID-19 Aged Care Visitation Code

At the onset of the COVID-19 pandemic, FECCA, together with 13 aged care peak bodies and consumer advocacy organisations under the National Aged

Care Alliance (NACA), developed and promoted the 'Industry Code for Visiting Residential Aged Care Homes during COVID-19'.

The Code was most recently updated on the 20th of November to reflect the [three-tier escalation guidelines for Aged Care Provider responses to COVID-19](#) and updated advice on visitation for residential aged care facilities.

Through the regular meetings of the newly organised Consumer Collaboration Forum, our CEO has been providing active advice and support to various initiatives addressing COVID-19 outbreaks in aged care facilities.

### Culturally and Linguistically Diverse (CALD) Communities COVID-19 Health Advisory Group

In response to the need for a coordinated and evidence-based response to COVID-19, FECCA collaborated with the Department of Health to mobilise the CALD Communities COVID-19 Health Advisory Group. The Advisory Group will provide advice on the particular impact of COVID-19 on culturally, ethnically and linguistically diverse populations with a specific focus on health matters. We thank the Department of Health for listening to our concerns and acting on the advice.

*continued on page 2*

## Royal Commission on Aged Care Quality and Safety

As the Chairperson of FECCA, I appeared before the Diversity in Aged Care hearing of the Royal Commission on behalf of FECCA on the 7 October 2020. Additional FECCA input is reflected in the transcripts for these hearings. FECCA also made written submissions on workforce issues and system reform.

## Policy Submissions on Aged Care

FECCA was invited to make two recent submissions to inquiries held by the Senate Community Affairs Legislation Committee on Aged Care.

The first submission was to the inquiry into the Aged Care Legislation Amendment (Improved Home Care Payment Administrations) Bills, which amends the payment of home care subsidies so they are paid in arrears rather than in advance, and to allow the Government to draw back unspent funds currently held by providers. FECCA's submission raised issues about the impact of the Bills on CALD providers and consumer choice. It is [available online on the Committee website](#).

The Senate Committee has since recommended that the Bills be passed, however the concerns raised by FECCA were recognised in the Committee report including the need for further communication to inform providers and that consumers and providers are not negatively impacted. The Committee noted that business advisory supports are available to providers concerned about the transition, and that the Department of Health is identifying providers needing support through the transition.

FECCA also made a submission to the inquiry into the Aged Care Amendment (Aged Care Recipient Classification) Bill 2020. This Bill creates a new, more accurate and targeted classification system for care recipients. FECCA noted the importance of transparency in the use of algorithms for classifying care, and the importance of Diversity Advisors for care assessments of CALD older people. Our submission can also be [accessed on the Committee website](#).

## Aged Care Navigator Position Paper and Trials

In 2020, FECCA collaborated with our Victorian state member, the Ethnic Communities' Council of Victoria (ECCV) to produce the position paper, '[Systems Navigation for CALD Communities: from prevention to active participation](#)'. The paper is based on insights gathered from the implementation of the Aged Care Navigator Measure and the Access and Support Program in Victoria.

In one of the articles in this edition of the newsletter, Gabriele Rukas of ECCV has shared some further reflections on the Access and Support Program.

## Ageism in Culturally Diverse Communities' Report

FECCA has developed the 'Ageism in Culturally Diverse Communities' report in collaboration with the EveryAge Counts campaign and coalition. The report aimed to understand how ageism is defined and experienced in CALD communities, develop recommendations to challenge ageist attitudes in CALD communities, and discover questions for further research. The findings highlighted once more that CALD communities are not homogenous, and the different meanings and experiences of ageism among different communities. It also showed the need for a more comprehensive understanding of ageism which reflects Australia's diversity. You can read more about the report later in the newsletter.

## CALD Data Issues Paper

Current Australian data collection and reporting on cultural, ethnic and linguistic diversity, particularly in relation to human services planning and delivery (including health, mental health, aged care, disability and social services), is inadequate. FECCA has recently published the CALD data issues paper, '[If we don't count it... It doesn't count!](#)' and will be consulting stakeholders in support of its call for the establishment and resourcing of a National Working Group to develop consistent and accurate measures of cultural, ethnic and linguistic diversity to ensure adequate, appropriate, accessible and useful data collection.

The paper has been mentioned in a recent article from the [ABC on collecting data on cultural and linguistic diversity during coronavirus tests](#).

Alongside these achievements, I am pleased to welcome the new membership of PCAN for 2020 to 2022 who we introduce in this issue of the newsletter, and who will take the network forward.

We look forward to our continuing collaborations in a new year.

**Mary Patetsos**  
Chairperson - FECCA



# PCAN MEMBERS FOR 2020- 2022



**Mary Patetsos**  
PCAN Chairperson  
Chairperson - [FECCA](#)



**Professor Irene Blackberry**  
John Richards Chair, [Centre for Rural Ageing Research](#), La Trobe University



**Anna Harrison**  
CEO, [Umbrella Multicultural Community Care](#)

**Ada Cheng**  
CEO, [Australian Nursing Home Foundation](#)



**Bianca Brijnath**  
Divisional Director, [National Ageing Research Institute \(NARI\)](#), Co-Chair of the [NHMRC National Institute for Dementia Research \(NNIDR\)](#) CALD Dementia Steering Group

**Lauren Palmer**  
National Research and Policy Officer, [Health Services Union \(HSU\)](#)



**Leanne McPhee**  
Redesigning Ageing Lead, [The Australian Centre for Social Innovation \(TACSI\)](#)



**Marion Lau**  
Chairperson, [FECCA](#) Healthy Ageing Committee



**Michael Malakonas**  
CEO, Fronditha Care



**Thomas Camporeale**  
CEO, Co.As.It



**Peter Last**  
CEO, Diversicare



**Tina Douvos-Stathopoulos**  
CEO, Pronia



**Dr Rafat Hussain**  
Associate Professor in Population Health, Centre for Ageing, Health and Wellbeing (CRAHW), ANU Medical School & Research School of Population Health



**Tina Karanastasis AM**  
Strategic Development Advisor – Aged and Community Care, Uniting SA



**Robyn Martinez**  
General Manager, Diversitat



**Tonina Gucciardo-Masci**  
Senior Advisor, Centre for Cultural Diversity in Ageing

**Supported by FECCA's Health & Ageing team:**

Mary Ann Geronimo, Director of Policy – Health & Ageing

Dr Michael He, Policy & Project Officer

Dr Romy Listo, Policy & Project Officer



# FECCA AND ECCV ROUNDTABLE ON SYSTEM NAVIGATION FOR CALD COMMUNITIES

On 22 October 2020, the Ethnic Communities' Council of Victoria (ECCV) and Federation of Ethnic Communities' Councils of Australia (FECCA) co-hosted a roundtable discussion on the findings reported in the position paper, 'Systems Navigation for CALD Communities: from prevention to active participation'.

Ms. Marion Lau, Convenor of ECCV's Aged Care Policy Advisory Committee chaired the session with over 60 participants actively contributing to the meeting based on their first-hand service users or provider experience.

FECCA Chairperson Mary Patetsos facilitated the discussion that focused on a wide range of issues concerning navigation, from interpreter services; funding; intersectionality to secondary consultation.

In the meeting, Robert Day, Assistant Secretary of the Department of Health and lead of the Aged Care and Diversity Section noted the importance of having a navigation system that has an intersectional lens across all diversity groups and that interfaces with other care systems.

FECCA and ECCV developed the CALD navigation position paper reflecting on the insights gained from the Victorian Access and Support Program and the CALD experience of the nationwide Aged Care System Navigator Trials. The paper presented key principles of an aged care navigation model that could potentially meet the needs of many older Australians from CALD backgrounds and their carers.

The position paper can be accessed [in the FECCA website](#).



IMAGE: GRID OF ZOOM PARTICIPANTS IN THE FECCA ECCV SYSTEMS NAVIGATION ROUNDTABLE



IMAGE: FECCA CHAIRPERSON MARY PATETSOS SPEAKS ON ZOOM IN FRONT OF A DARK BLUE BACKGROUND WITH THE FECCA LOGO



IMAGE: ROBERT DAY, ASSISTANT SECRETARY OF THE DEPARTMENT OF HEALTH AND LEAD OF THE AGED CARE AND DIVERSITY SECTION

# ACCESS AND SUPPORT PROGRAM

## – SERVICE NAVIGATION MODEL AUSTRALIA MISSED

Gabriele Rukas, Sector Development – Information and Inclusion Officer  
ECCV

*Grey tsunami* – colourful in its diversity – has been recognised as a significant part of an Australian society and its future planning. A great fear of disproportionate dependency ratio and the changing needs of the ageing population have led the Commonwealth Government to redesign aged care service system, which promotes wellbeing and healthy ageing via individualised and strategic decision making by older citizens. When practiced, Choice and Control is an invaluable component of a successful receipt of services, however regional gaps, lack of culturally appropriate services, staffing issues and older persons' confusion with the system have challenged the concept and its application. We are now in the eighth year of a major aged care sector restructure.

***“The clients are lost; some don't even know that they had an assessment.”***

– Access and Support Officer

When the sector thought that there was nothing else to disrupt them any greater than the reform itself, the Royal Commission into Aged Care Quality and Safety (the Commission) was called to commence its investigation into aged care. It brought hope and relief to some and fear of impending changes to others.

As soon as the Commission opened for submissions and commenced the hearing process, there was no turning back – the whole sector wanted to be heard. This led to the Commission's interim report named “Neglect”.

***“Yes, we feel upset, because we know there is a great lack of culturally appropriate services to support our clients. Our clients don't have a safety net.”***

– A&S Officer

It's worth noting that failure to provide equitable access to aged care services for all was amongst the identified drivers of the systemic negligence. Unfortunately, currently due to reforms and centralisation of the entry point into the system huge gaps exist not only among the mainstream community, but especially amongst those with diverse characteristics (Nine Special Needs Groups, Aged Care Act 1997).

***“What is the best model for delivery of the services at the entry point to the aged care system—considering the importance of the first contact that older people have with the system?”***

In the current aged care system, the steps that aged individuals and their carers must take to chart a pathway into quality and culturally appropriate services vary significantly. There is no national unifying support service to assist individuals falling through the gaps, especially those from diverse backgrounds. In 2018 the Commonwealth Government decided to test a new Navigator model, subdivided into numerous pilot hubs. But something was missed...

Already in 2012 Victorian Government developed the Access and Support (A&S) program that until today acts as a navigator to bridge the service gaps, empower aged and ageing population to understand service system and to make informed choices. The A&S role engages consumers via assertive outreach and receive referrals via a range of formal and informal pathways.



The workers demonstrate local service knowledge and a holistic understanding of intersecting service systems, e.g. aged care, disability, mental health, housing. As a Commonwealth and State funded specialised support role, the A&S service is free of charge and independent of service providers, which allows workers to assist a great number of individuals and their carers, especially those who present with intersecting characteristics, including but not limited to:

- > People with traumatic past experiences, which brings lack of trust in a service system
- > People who speak language other than English
- > People who are illiterate
- > People with hearing impairment
- > People who are homeless and don't have access to permanent housing
- > People with mental health issues
- > People living with dementia
- > People at risk of abuse and neglect.

***“Due to complexity of their needs, obstacles with systems and system failures, they required significant emotional and practical support when attending appointments, advocacy, funding and navigation with service.”***

– A&S Officer

The main components of the A&S role are to:

- > Identify individuals in need through an assertive outreach model and explain the service system, services available and how to navigate it
- > Support clients in a practical way to access assessment services
- > Work with service providers to ensure they are equipped to provide individualised services that are both relevant and respectful to the individual
- > In doing the above, identify barriers to access and feedback to funding and peak bodies through the reporting mechanism.

The service system is difficult to navigate, and people may be unaware of the services available to them. As an impartial role, A&S build trust and support clients and their carers to navigate the aged care and related service systems as well as assist assessors and service providers to better understand who the client is and what is important to them, resulting in improved health outcomes, fewer hospitalisations and preventing early transition into permanent residential care.

Nevertheless, there is still a great lack of formal supports available for seniors with intersecting characteristics and past experiences that might prevent them from trusting and navigating the system(s). The A&S network acknowledges Government commitment to the Aged Care Navigator Trials, however the lack of funding for a mainly volunteer based model will not be able to address the complex cases and guide seniors through the process. In many instances, connecting clients to the service system in an empowering and sustainable way requires initial boost of assistance through assertive outreach, rapport building, pre- and post-My Aged Care engagement, liaison with assessors and aged care service providers.

In Victoria there are noteworthy examples of collaborations between Navigator hubs and A&S workers who have established local partnerships and contribute their extensive knowledge of services, community-based organisations, Centrelink requirements, rights and responsibilities to name but a few. Replicating the A&S nationally should be considered by the Federal Government to improve wellbeing of our diverse seniors and prevent them from falling through the system cracks.

The Ethnic Communities' Council of Victoria is inviting aged care cross-sector discussions to support our intercultural seniors by advocating for A&S role. For more information or ongoing conversations please contact Gabriele Rukas, ECCV Sector Development – Innovation and Inclusion Officer on [grukas@eccv.org.au](mailto:grukas@eccv.org.au) or 0391125021.

***“It's important to display patience, understand the need and allow clients time to absorb information.”***

– A&S Officer

<sup>1</sup> Royal Commission into Aged Care Quality and Safety, Aged Care Program Redesign: Services for the Future, Consultation Paper 1, December 2019, <https://agedcare.royalcommission.gov.au/publications/Documents/consultation-paper-1.pdf>

# 'AGEISM IN CULTURALLY DIVERSE COMMUNITIES' REPORT

Ageism is known to be common across Australia, yet how ageism plays out in the lives of people from CALD backgrounds is less known.

In multicultural Australia where a third of older people are from culturally and linguistically diverse (CALD) communities, responding to the issue of ageism as though the ageing population is a homogenous group is counterproductive and fundamentally discriminatory.

To address this gap, EveryAge Counts and FECCA conducted a preliminary scoping study in Arabic, Greek, Mandarin and Vietnamese speaking communities to—

- 1 Understand how ageism is defined and experienced in CALD communities;
- 2 Develop recommendations on how ageist attitudes can be changed in CALD communities; and
- 3 Surface emerging questions that may have potential for further research

The full report can be accessed [from the FECCA website](http://www.everyagecounts.org.au).

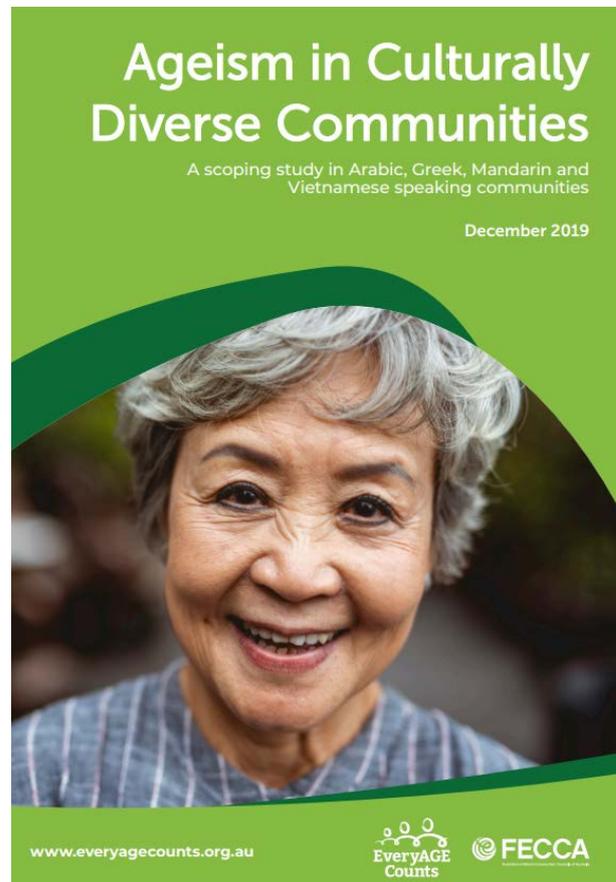


IMAGE: THE COVER PAGE OF THE 'AGEISM IN CULTURALLY DIVERSE COMMUNITIES' REPORT: A PHOTO OF A SMILING OLDER WOMAN OF ASIAN BACKGROUND, BORDERED ON THE TOP AND BOTTOM WITH GREEN. ABOVE THE PHOTO, WHITE TEXT READS "AGEISM IN CULTURALLY DIVERSE COMMUNITIES: A SCOPING STUDY IN ARABIC, GREEK, MANDARIN AND VIETNAMESE SPEAKING COMMUNITIES", DECEMBER 2019. UNDERNEATH THE PHOTO IS THE HYPERLINK [WWW.EVERYAGECOUNTS.ORG.AU](http://WWW.EVERYAGECOUNTS.ORG.AU) AND THE EVERYAGE COUNTS AND FECCA LOGOS.

# 'TOGETHER': NEW DIVERSITAT COMMUNITY ART PROJECT



IMAGE: A PHOTO OF THE 'TOGETHER' COMMUNITY ART PROJECT. THE ARTWORK IS MADE UP OF INDIVIDUAL ARTWORKS IN THE SHAPE OF CIRCLES, WHICH HAVE BEEN PLACED SIDE BY SIDE LIKE SQUARE TILES. THEY ARE MANY DIFFERENT COLOURS AND DESIGNS. THE OUTER BORDER OF TILES IS THE WORD 'TOGETHER' IN MANY DIFFERENT LANGUAGES.

**Robyn Martinez, General Manager**  
**Vanessa Radicevski,**  
**Marketing and Communications Coordinator**  
**Diversitat**

COVID-19 has had a huge impact on our clients, in particular our social support program participants who rely on our services to engage and connect with other community members in a safe and supportive environment.

As a result, the Aged Support Team have developed an art project offering a creative outlet for our clients to assist and support the isolation period. Participants were given the opportunity to create their own artwork reflecting on past activities with their peers at the centre or even send a message to their friends that they have not been able to see for the last three months. We invited clients from a number of our social support groups including Macedonian Men, International Women, GADS, Macedonian Women and the Diversitat Theatre Project to participate on the project.

The concept of the art piece was created by general manager Robyn Martinez.

"We have been at the Healthy Living Centre since 2017. It has always been a dream of mine to fill the foyer with a large art piece of our own design" she said.

"The idea came to me early April when I was literally musing over how we can be together - symbolically - if not in person."

"The situation reminded me at that early time of the AIDS crisis and thoughts of the quilt made over the horrendous period were inspiring. Through fear and solidarity sometimes there can be heart wrenching beauty."

"Our piece has to be seen in person to really do it justice. The coming together of all the individuals' hopes brings a lump to the throat. Each time I pass by it literally vibrates the presence of our clients and I know we will all come together soon."

39 clients from diverse backgrounds including Spanish, Italian, Croatian, Aboriginal, Australian, Macedonian, Karen, Lithuanian, German and Philippine have contributed to the project. In addition, 20 staff members from across Diversitat Departments and 3 volunteers participated. Many clients completed two or more pieces, and some clients highly embraced the project and kept requesting more fabric templates.

Local Arts & Events Producer, Luisa La Fornara was invited to lead the project and bring all the individual pieces together to form a large mural type artwork which is now completed and displayed at the Healthy Living Centre. The art work will be launched at the Centre once clients are able to be together again, hoping this can happen soon.

Luisa said, "I am so honoured and excited to be invited to lead and participate in Diversitat's Community Art Project "Together". It has been a delight to receive the individual works, each piece is so unique, and I am so eager to complete the next stage of the project."

# THE LITTLE THINGS

**Ilsa Hampton, CEO,  
Meaningful Ageing Australia**

So often when a family member or primary carer of an older person talks about what's lacking in the quality of personal care that person is receiving, they say something like:

*You know, like using Mum's name when they come into a room, asking how she is today... and showing they are listening to her reply - asking rather than telling - having a little chat as they go along. It's not much to ask, but those little things make a big difference.*

When and how to use those 'little things' in communication with others can vary across cultures and generations. A Personal Care Assistant (PCA) who is from a cultural background that differs from the older people she or he is assisting may not be aware of these communication features and the consequences of not using them can mean the PCA comes across as rude and impersonal.

A two year project funded by the Victorian government has led to the development of training materials specifically to address this issue. The materials are based on in-depth research that took a strengths-

based approach: using interviews, observation and recordings of nominated best-practice PCAs from CALD backgrounds as models on which to base the materials. The training materials aim to improve the intercultural communication in everyday interactions in aged care by focusing on how PCAs best communicate with older people. These materials have also proved to be relevant to carers and trainees who speak English as their first language.

## So what are The Little Things?

It's no secret that a PCA often needs to perform very intimate routine care tasks with older people who may be experiencing physical, emotional, spiritual and cognitive challenges. The PCA and older person often come from a different cultural and linguistic backgrounds. To manage those interactions effectively, a PCA needs to actively relate to that person as they attend to those practical tasks. As a participant in The Little Things pilot training put it:

*Getting to know the residents more especially knowing their likes and dislikes helps the practical side easier too.*

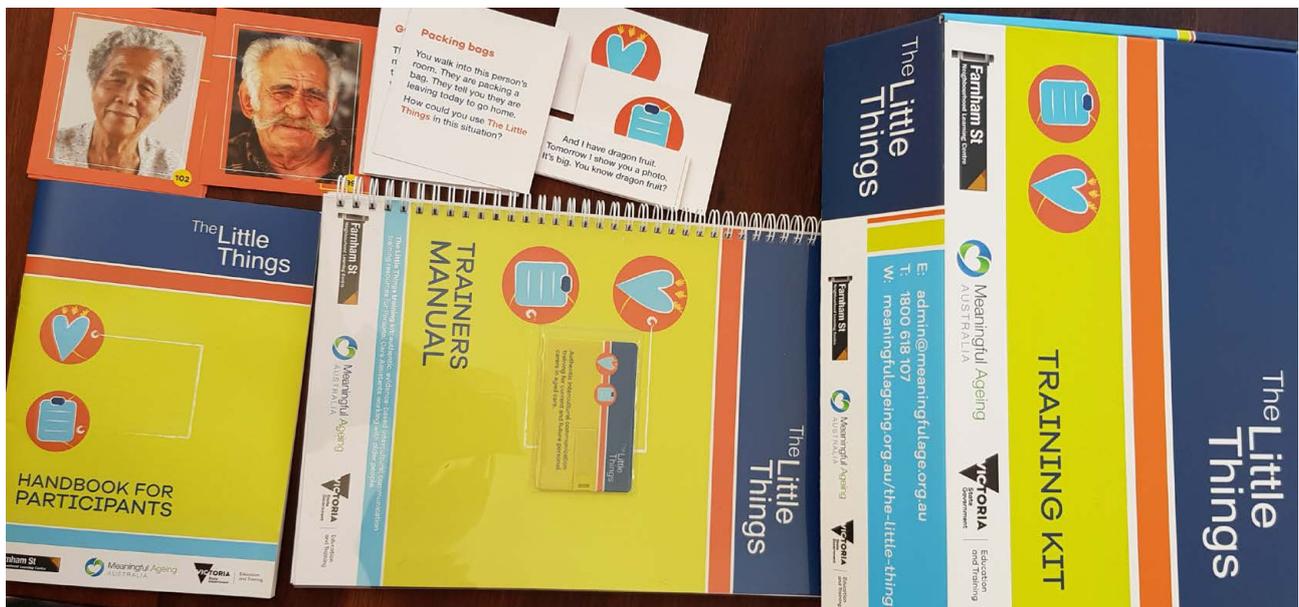


IMAGE: THE LITTLE THINGS TRAINING MATERIALS, IN BRIGHT GREEN, ORANGE AND BLUE COLOURS, ARE LAID OUT ON A TABLE.

There are specific approaches and language strategies PCAs can use to ensure they relate to an older person in a practical context. How we relate to another person and modify our task-based, or practical language can vary across cultures. For example, in one culture, it may be a show of respect to call an older woman from outside your family 'Auntie' or 'Grandma', but that is seen as disrespectful in another culture. In some cultures, when one person offers the other a cup of tea, their intonation should stay flat or level, but in Australian English we prefer a rising intonation to make the offer sound like a question.

These instinctive adjustments to spoken language can be very subtle, and we are not always aware we are making them. However, we are impacted if another person doesn't use them and can judge them as being rude or inappropriate. Other such adjustments and modifications that are included in The Little Things training are how PCAs can:

- > have a 'chat' to get to know a person
- > explain their actions as they go along
- > use questions to determine individual preference and soften a direction
- > use their voices to demonstrate engagement and soften practical talk
- > use 'little words' such as Mmm hm, Okay, Right, Now, etc to show interest, indicate an action or transition to another step in a process etc.
- > use 'little words' to minimise or sweeten an imposition (just, quick, little bit, nice, warm)

These aspects of language use may not be covered in accredited training programs. Along with the use of a person's facial expressions and body language they can make a profound difference in the quality of care they give.

As one participant in the pilot training put it:

***They are part of our everyday work as a personal carer really and we don't even know that even in such little gesture or words we managed to make our resident feel important and happy.***

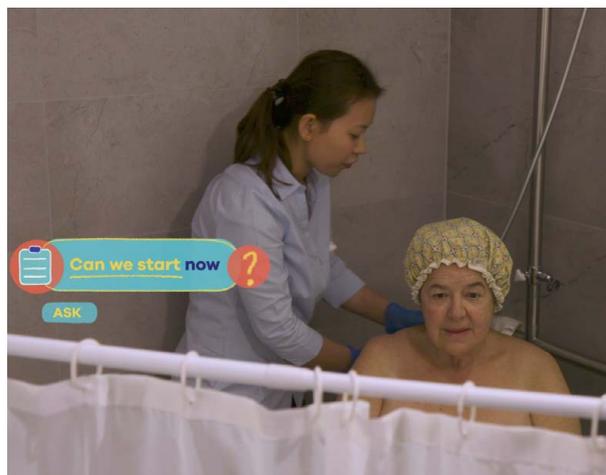


IMAGE: A WOMAN AGED CARE WORKER IS HELPING AN OLDER WOMAN SHOWER. THE SHOWERING WOMAN'S BODY IS HIDDEN BEHIND A SHOWER CURTAIN. IN BLUE SPEECH BUBBLES OVER THE PHOTO, TEXT READS: ASK: CAN WE START NOW?

The development of The Little Things training kit was led by the Farnham Street Neighborhood Learning Centre in partnership with Meaningful Ageing Australia. The training was evaluated by aged care researchers from La Trobe University led by Professor Yvonne Wells and has been proven to work. The kit gives trainers of students and existing personal care assistants the materials they need to develop stronger and better relationships with older people in their current or future roles. Each training kit contains authentic and evidence-based intercultural language training materials for PCAs from culturally and linguistically diverse backgrounds (CALD) backgrounds working, or training to work, in aged care. It has been developed to enable flexible delivery: short or longer sessions; face to face or online. The training kit contains six films based on authentic interactions, a Trainer's Manual, PowerPoint presentations, Handbooks for Participants, interactive training activities for small groups to identify, learn and practice communication skills that will build confidence for carers and enhance the care that they provide. One training participant put it this way:

***Looks little but has a magnificent advantage for our job.***

The Little Things team is currently offering Train the Trainer webinars. For bookings or further enquiries contact [admin@meaningfulageing.org.au](mailto:admin@meaningfulageing.org.au) or visit the website: <https://meaningfulageing.org.au/the-little-things/>

# CALDWAYS 2020 MULTICULTURAL CONFERENCE TO IMPROVE AUSTRALIAN AGED CARE

Dr Pia Solberg, Marketing and Communications Officer  
Multicultural Communities Council of Illawarra

People from across Australia and abroad connected online in late October for the two-day virtual CALDWays Conference, Diversity & Inclusion – Less Talk More Action, to discuss how to support culturally diverse communities and improve care services.

Extraordinarily powerful, thought provoking, encouraging, inspiring and wonderful were some of the comments made about presentations at the 10th CALDWays Conference which was organised by the Multicultural Communities Council of Illawarra (MCCI).

“Whether it’s a first generation migrant senior who has lived in Australia for decades or a recently arrived older person from a refugee background who is unfamiliar with Australia’s health and social services, putting people at the centre is the solution to an inclusive society”, said MCCI’s Chairman Ken Habak OAM who in his welcome speech put great emphasis on supporting people in their language so that they can make informed choices.

The conference delivered practical strategies based on real life experiences and case studies on what inclusive care means in practice, and how we can improve access to and make care services more culturally appropriate for everybody. Keynote speaker Professor John Pollaers OAM, who chaired the Australian Aged Care Workforce Strategy Taskforce, spoke about the importance of moving on from clinical to holistic care planning; there were papers on the Aged Care Quality Standards and how

to implement the Aged Care Diversity Framework; and the Ageing Revolution showed how digital technology can be used to enter a virtual reality with endless opportunities to create better understanding and build cultural intelligence.

“It has been an amazing event with people attending across Australia – and what a treat to have our keynote speaker Dr Nita Mosby Tyler, directly from the USA, speaking about the need for an equity framework and be able to discuss her thoughts with participants on the other side of the world in real time”, says MCCI’s Cecilia Milani, Manager for Partners in Culturally Appropriate Care (PICAC) NSW & ACT.

“The advantage of taking CALDWays online is that with no geographical barriers and no travel and accommodation costs, we have been able to extend the conversation and reach more people. We are still being contacted by people who were unable to attend the conference and would like to purchase the recordings”, says Selen Akinci, Senior Project Coordinator (the recordings are available here: <https://post-caldways-recordings.eventbrite.com/>)

Other conference highlights included Brett de Hoedt, Mayor of Hootville Communications and also the MC of the conference, who spoke about how to communicate with multicultural communities, Margaret Teuma, Diversity and Inclusion Specialist at Uniting, and other speakers who have hands-on experience in creating inclusive and welcoming care services. Nigerian born Edwin Ikwu, Lived Experience Educator, shared his settlement experience in Sydney, living with a physical disability and striving to maintain his independence.



The Multicultural Communities Council of Illawarra is a non-profit charity that supports people and communities from culturally and linguistically (CALD) diverse backgrounds in the Illawarra/ Shoalhaven, and ACT/ Queanbeyan regions. With nearly 200 staff and volunteers and over 40 languages spoken MCCI delivers a range of services including aged care, youth development programs, stakeholder

engagement, community capacity building, volunteering and training services.

This event was financed by the Australian Government Department of Health. Thanks also to our sponsor Polaron Language Services.

Virtual recordings from CALDWays 2020 are available here:

<https://post-caldways-recordings.eventbrite.com>

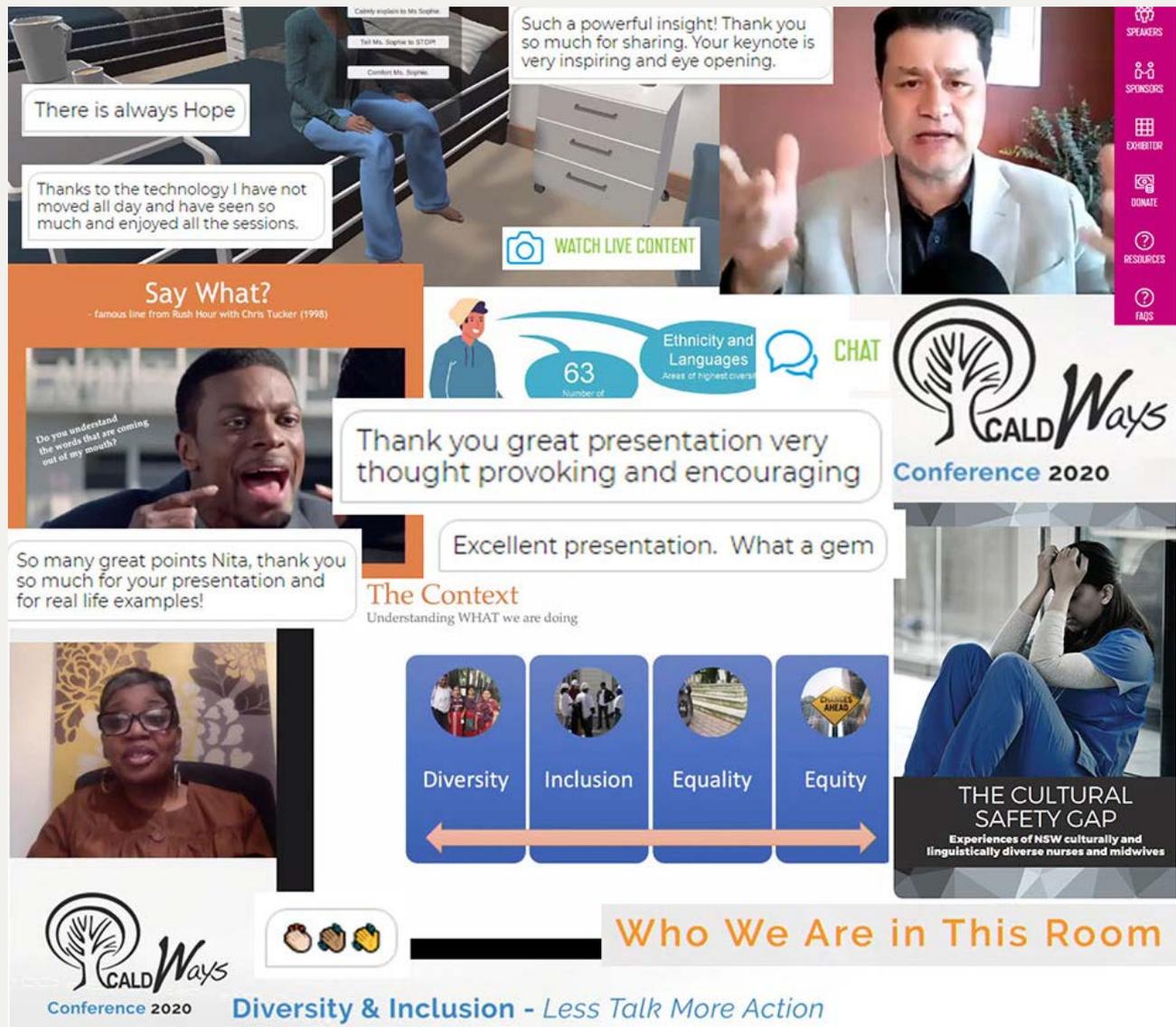


IMAGE: COLLAGE OF PRESENTATION SLIDES, PHOTOS OF SPEAKERS, SPEECH BUBBLES WITH FEEDBACK AND LOGOS FROM THE CALDWAYS CONFERENCE 2020. IN THE MIDDLE ARE SPEECH BUBBLES READING "THANK YOU GREAT PRESENTATION VERY THOUGHT PROVOKING AND ENCOURAGING", AND "EXCELLENT PRESENTATION. WHAT A GEM".

# A “ONCE SIZE FITS ALL” APPROACH TO CONSUMER FEEDBACK GOES AGAINST THE CONCEPT OF “A FAIR GO”

**Lisa Tribuzio, Manager  
The Centre for Cultural Diversity in Ageing  
supported by Benetas**

When seeking feedback from consumers within aged care a “one size fits all” approach does not lead to a fair go. Only giving options to fill out a survey and leaving no room for alternative ways to give feedback, leads to the exclusion of valuable input from culturally and linguistically diverse older Australians and other older people who face barriers to accessing services.

Any survey seeking input from consumers within the aged care sector is important in shaping improvements to the aged care system. However, we need to ask ourselves:

- > Does the survey adopt culturally inclusive methods?
- > Is it available in multiple languages or plain English formats?
- > Does the organising committee actively engage with peak bodies and community leaders representing diverse communities to seek input and co-design the feedback approach?
- > Are flexible methods and approaches adopted beyond a survey or phone calls?
- > Does the process consider the needs of older people who are illiterate or who have faced discrimination and are reluctant to give feedback to government bodies?

The recent report by the Federation of Ethnic Communities Council of Australia, a peak national body representing Australians from Culturally and linguistically diverse backgrounds, entitled “If we don’t count...it doesn’t count! Towards Consistent National Data Collection and Reporting on Cultural, Ethnic

and Linguistic Diversity” highlights the need for the national collection of data on cultural, ethnic and linguistic diversity that is consistent, comparable and compatible. Key recommendations from this report suggest that surveys should ensure collected data is inclusive and that social and health research should require applicants to demonstrate how the proposed research will be inclusive of people from culturally, ethnically and linguistically diverse backgrounds. This is a pertinent point as often older people from culturally and linguistically diverse backgrounds are excluded from research in aged care such as dementia research.

The Centre for Cultural Diversity in Ageing has released its Culturally Inclusive Feedback Practice Guide. The guide highlights the importance of cultural awareness when it comes to seeking consumer feedback. Some older people from culturally diverse backgrounds are unaware of their right to give feedback to government services. In addition lack of processes and resources in multiple languages such as feedback forms and access to interpreters, create additional barriers. Some older people may come from backgrounds whereby they were not empowered to give feedback to government programs safely. In addition, some people who are newly arrived migrants may fear that a complaint to the government may have adverse implications for their immigration status.

To ensure consumer focussed approaches are adopted in line with the Aged Care Quality Standards, it is vital to have flexible approaches rather than a “one size fits all” approach. This includes providing information about how to make complaints and provide feedback as well as rights to privacy available in plain English and languages other than English. It is important to provide opportunities for feedback and complaints to be provided through multiple methods and channels such as face to face, groups, community consultations and assertive outreach. It means partnerships with community leaders and co-designing processes that are tailored to diverse communities.

Every opinion counts and we need an inclusive feedback mindset to ensure equity in feedback processes. Not everyone can pick up a phone and speak in English about their needs. Not everyone can fill in a survey and not everyone has had life experiences which makes them feel safe to give feedback.

To access the Culturally Inclusive Feedback Practice Guide visit <http://www.culturaldiversity.com.au/service-providers/practice-guides>



# DEPARTMENT OF HEALTH GRANT ROUND: CHSP GROWTH FUNDING FOR CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) RESPITE SERVICES

The Department of Health is seeking applications from aged care and disability support providers to deliver targeted respite services to older Australians from culturally and linguistically diverse (CALD) backgrounds through the Commonwealth Home Support Programme (CHSP):

The Australian Government is committing \$20m across 2020-21 and 2021-22 to:

- > increase the capacity of the CHSP to provide diverse Centre Based Respite services; and
- > provide more support and choice of services to older Australians from CALD backgrounds and their carers.

The grant round closes on 22 December 2020.

More information about eligibility and assessment criteria, priority Aged Care Planning Regions and a copy of the Grant Opportunity Guidelines is available at the [GrantConnect](#) website.



## RELEASE OF THE CULTURALLY AND LINGUISTICALLY DIVERSE DEMENTIA RESEARCH ACTION PLAN

NNIDR is very pleased to announce [the release of the Culturally and Linguistically Diverse \(CALD\) Dementia Research Action Plan](#). To celebrate, we asked a group of champions to share their experiences and perspective with us, see what they had to say in [our launch video](#).

Developed in partnership with the National Ageing Research Institute (NARI) and co-led by Associate Professor Bianca Brijnath and NNIDR Assistant Director Stephanie Ellis, the Action Plan seeks to improve the health and wellbeing of Australians from CALD backgrounds at risk of developing or living with dementia, together with their carers, families, and communities.

The development of the CALD Dementia Research Action Plan included consultations with 19 multicultural groups and communities, two stakeholder workshops, two national surveys and the coming together of organisations like NNIDR, NARI, Dementia Australia, the Department of Health, FECCA, researchers specialising in CALD dementia research, service providers, clinicians and CALD consumer advocates.



National consultations identified 21 priorities for CALD dementia research, with the top five highlighted in the Action Plan:

- > identify effective ways to promote dementia risk reduction behaviours in CALD communities
- > increase the development and uptake of evidence-based, culture-fair tools for dementia screening and diagnosis in primary and acute care settings
- > inform ways to improve timely help-seeking for dementia in CALD communities
- > develop, test, and implement culturally-specific models of dementia care that improve access to care and quality of life for CALD persons with dementia and their carers
- > inform effective ways to train frontline clinical health and care staff on how culture influences dementia, including through continuous professional development.

In addition, the consultation process identified four guiding principles for CALD-inclusive dementia research:

1. Research should include co-design and partnership approaches that involve CALD communities and other stakeholders over the life-span of the study.
2. Research should collect, analyse, and report on CALD variables in experimental and epidemiological studies.
3. Innovations in Australia's approach to dementia should be accessible to all Australians, regardless of culture or language.
4. Researchers should work to develop and support partnerships between the health sector, care providers, training organisations, ageing and ethnic peak-bodies, and CALD communities to ensure rapid translation of evidence into practice.

The CALD Dementia Research Action Plan has been translated into six additional languages: Arabic, Italian, Traditional Chinese, Simplified Chinese, Greek and Vietnamese.

NNIDR wishes to thank the CALD Dementia Research Action Plan Steering Group for guiding this project.

NNIDR also wishes to thank A/Prof Brijnath, Professor Briony Dow (NARI), Associate Professor Lee-Fay Low (USyd), Mary Patetsos (FECCA), Danijela Hlis, Theresa Kwok and Elvin Goh (Chung Wah Community and Aged Care), Maryann Isa (Multicultural Women's Health Centre) and Elleni Bereded-Samuel AM (Australian Unity) for helping us launch the Action Plan via Zoom interviews.

# ELDAC TIPS ON CREATING SUPPORTIVE CARE FOR CULTURALLY AND LINGUISTICALLY DIVERSE OLDER PEOPLE

Over 4.9 million Australians speak a language other than English at home. People who have migrated to Australia and those older Australians who speak languages other than English, deserve the same access to information as others, and to feel confident in their choices.

Understanding individual and family needs and preferences is essential to providing aged care and palliative care consistent with a person's values and beliefs. Providing culturally safe care is founded on respect for peoples' background and lived experiences.

A new resource by End of Life Directions for Aged Care (ELDAC) has tips that can assist in creating supportive care sensitive to cultural considerations. Find out more about how to best support all older adults in aged care and palliative care

Learn more [http://bit.ly/ELDAC\\_CALD](http://bit.ly/ELDAC_CALD)



IMAGE: AN OLDER WOMAN WITH WHITE HAIR SITS ON A DINING CHAIR IN A PARK. YELLOWED LEAVES ARE FALLING AROUND HER.

**The PCAN Newsletter is FECCA's online quarterly magazine that promotes positive ageing and best practice in multicultural aged care in Australia.**

### **About PCAN**

The Positive CALD Ageing Network (PCAN) is FECCA's ageing and aged care committee. Members identify policy objectives that will address challenges and barriers in the aged care system for older persons and aged care workers from CALD backgrounds. They help create evidence-based, innovative and holistic aged care policy, research and practice through active partnerships with communities and stakeholders.

**To subscribe to the PCAN Newsletter,** email [admin@fecca.org.au](mailto:admin@fecca.org.au)

**To contribute stories,** email [maryann@fecca.org.au](mailto:maryann@fecca.org.au)



**Australian Government**  
**Department of Health**

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