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Regulatory Alignment Task Force
Australian Government
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Submission to the Consultation on Aligning Regulation Across Aged Care, Disability Support and Veterans Care

Context

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australia's culturally, ethnically and linguistically diverse (CALD) communities and their organisations. FECCA has over 20 member organisations that cover each State and Territory and has had a longstanding presence in policy and advocacy on ageing, aged care, disability, and overall health of CALD Australians.

FECCA is funded by the Department of Health as the peak body on CALD aged care and has provided expert advice and led initiatives to mobilise community participation in the recent Royal Commission into Aged Care Quality and Safety. In the ongoing Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, FECCA has been collaborating with the National Ethnic Disability Alliance (NEDA) and produced a joint submission on 'The Experiences & Perspectives of People with Disability from Culturally and Linguistically Diverse Backgrounds'.

FECCA is leading the implementation of the EnCOMPASS: Multicultural Aged Care Connector Program in 30 sites across the country in partnership with more than 20 local multicultural and ethnospecific organisations. It has also recently completed the NDIS multicultural National Community Connectors Program implemented in more than 27 sites.

We recognise the significance of aligning regulations across aged care, disability, and veterans care to build a care ecosystem that understands numerous intersections among people from CALD backgrounds needing and being provided care, supports and services. As the care sector is subject to significant cultural, ethnic and linguistic diversity across both the people using and providing services, FECCA is similarly beholden to advocate on the welfare of care workers from CALD backgrounds

Overall, we support regulatory alignment, however, FECCA holds concerns that fundamental principles need to be recognised and should underpin this change.

FECCA Recommendations

Regulatory system & regulators

1. Create a common regulatory framework that is rights-based, needs-based, equitable, non-discriminatory and where diversity is practiced as core business.
2. Embed a diversity framework and, specifically, a cultural framework and the principles they represent, throughout the regulatory process and the system as a whole.
3. Build the capability of Regulators to use culturally appropriate assessment methods and tools and ensure culturally responsive, trauma-informed and flexible care.
4. Integrate a consistent, comparable, and compatible national collection of data on cultural, ethnic, and linguistic diversity.

Care providers

5. Build the capability of all providers to develop and deliver culturally competent and appropriate care.
6. Build the capability of all workers to deliver culturally competent and appropriate care.

People being provided care, supports and services

7. Support language services as a fundamental right of people from CALD backgrounds who need care, supports and services.
8. Build and sustain a navigation system that is relevant to people from CALD backgrounds who need care, supports and services.

Discussion

Regulatory system & regulators

1. Create a common regulatory framework that is rights-based, needs-based, equitable, non-discriminatory and where diversity is practiced as core business.

The NDIS Code is underpinned by the United Nations Convention on the Rights of Persons with Disabilities. In aged care and in the absence of a ratified Convention for the Rights of Older Persons, the *Aged Care Act 1997* provides overarching legislation on the obligations and responsibilities that aged care providers must follow to receive subsidies from the Australian Government. Without a Convention, the burden falls on human rights advocates and consumer groups to uphold the rights of older people.

FECCA believes aligning the rights of people being provided care, supports and services across care systems should be pursued with as much vigour and resources as aligning its regulatory systems.

The Royal Commission on Aged Care Quality and Safety recommended in it final report that a new Act “must enshrine the rights of older people who are seeking or receiving aged care. This will leave no doubt to all involved in the system about the importance placed on these rights. A rights-based approach must guarantee universal access to the supports and services that an older person is assessed as needing.”

Older people of CALD backgrounds are an increasingly significant proportion of the population, making up approximately a third of people aged 65 and over. They have proportionally higher representation in Home Care and are underrepresented in their use of Residential Care and Home Support.[1] As noted by the Aged Care Financing Authority, cultural diversity among older people seeking care is changing and increasing.[2] As of June 2019, at least 1 in 4 home carer consumers were CALD older people and 1 in 5 among residential care and home support consumers.

The recently released Australian Disability Strategy 2021 – 2031 (ADS) provides a framework for federal, state, territory, and local governments to work towards full inclusion and participation of people with disability in Australian society. FECCA shares the National Ethnic Disability Alliance (NEDA)'s view that while the addition of intersectionality in the new Strategy is welcome, more must be done to acknowledge and address the specific experiences of people with disability from CALD backgrounds.

The existing failure to ensure equality of outcomes for CALD people with disability is starkly demonstrated within the National Disability Insurance Scheme (NDIS). Although the NDIA estimates that 20% of NDIA participants should be from a CALD background, as of June 2021 only 10.8% of the new active participants were from CALD backgrounds. The total number of CALD participants was 44,113 people or 9.5% nationally. Participation rate for CALD people is consistently low and has rarely exceeded 10 per cent.[3]

People from CALD backgrounds are not a homogenous group, and their experiences of the care systems vary widely. The experience of an older person, a person with disability, or a veteran born overseas and with limited English proficiency, are vastly different to that of second-generation migrants born in Australia, whose primary language is English.

Additionally, the care workforce has significant diversity. Half of Personal Care Assistants (PCAs) are born overseas, 42 percent of whom are from non-main English-speaking countries. About 37 percent of Aged Care and Disabled Carers are born overseas, compared to 20 percent of the total workforce.[4]

Both the NDIS Code and the Aged Care Act focus on individualised care. While FECCA supports an approach that can cater to the complexity and intersectional nature of the experiences of people with disabilities, older people and veterans, it is concerned that responding to diversity under the guise of an individualised approach fails to respond to a system perpetuating inequity.

The new regulatory framework needs to be rights-based, needs-based, equitable, non-discriminatory and where diversity is embedded as a core principle and practiced as core business.

[1] AIHW, 2019-20 Report on the Operation of the Aged Care Act 1997, accessed 31 March 2021.
[2] Aged Care Financing Authority, 2020, Eighth report on the Funding and Financing of the Aged Care Sector July 2020 (health.gov.au), accessed 31 March 2021.
[3] National Ethnic Disability Alliance, 2021, The Experiences & Perspectives of People with Disability From Culturally And Linguistically Diverse Backgrounds, accessed 14 December 2021.
[4] UNSW, Markets, migration and the work of care in Australia, accessed 31 March 2021.

2. Embed a diversity framework and specifically, a cultural framework and the principles they represent, throughout the regulatory process and the system as a whole.

To ensure that older people, people with disability and veterans from CALD backgrounds and with diverse life experiences have equitable access to quality care, recognising and responding to diversity must be an integral part of the design and delivery of care.

In the aged care sector, the *Aged Care Diversity Framework*[5] and corresponding *Action Plans* set out actions which can be taken by the Australian Government, peak organisations and representative groups, service providers, consumers and carers to deliver quality aged care to people with diverse characteristics and life experiences in residential aged care or receiving care in the home or community. It identifies six key outcomes for consumers, providing a framework with which to evaluate performance of stakeholders.

In the disability sector, the NDIA is responsible for ensuring that the NDIS *Cultural and Linguistic Diversity Strategy*[6] and the future updated strategy is implemented and given associated public timeframes, public accountability functions and equity targets.

FECCA recognises that a national definition of disability remains challenging to conceptualise given its complex, dynamic and multidimensional properties. In many cultures and languages, there is no concept for disability. There may be concepts for various classes of disabling conditions such as deafness or blindness within a given language or culture.

Intersectional discrimination has unique and specific effects on people with disability. In many cases, it may lead to people being considered different or to another degree of bias or new forms of discrimination not yet acknowledged by law, policy, or research. People with disability from CALD backgrounds, including those in institutional and residential settings, domestic and community settings, mainstream workplace and recreational settings, experience intersectional discrimination that often has aggravating or compounding effects. Yet, this is not recognised or addressed adequately in legislation, policy and regulatory frameworks in the Australian context to prevent violence and advance the human rights of people with disability.

On 19 March 2019 the NDIS Cultural and Linguistic Diversity Stakeholder Advisory Group had been disbanded on the basis that the writing of the strategy had been completed. In July 2021, however, a *Cultural and Linguistic Diversity Strategy: Progress Update*[7] was released which "details the agency's key activities over the past three years against the five priority areas identified in the strategy. The update also identifies additional actions to further drive the implementation of the strategy over the next 18 months, while the NDIA completes a full refresh of the strategy."

The Diversity Sub-group of the Aged Care Sector Committee is also slated to be dissolved as the new governance framework is being set in place.

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[5] Department of Health, 2019, Aged Care Diversity Framework, accessed 31 March 2021.
[6] National Disability Insurance Agency, NDIS Cultural and Linguistic Diversity Strategy, accessed 14 December 2021.
[7] National Disability Insurance Agency, Cultural and Linguistic Diversity Strategy: Progress Update, accessed 14 December 2021.

FECCA is highlighting the tenuous nature of these platforms where critical representation from CALD communities needs to be sustained to support ongoing policy reforms. Intersectional analysis and response are needed to embed capacity to address different experiences of diversity in all programs and providers within the care system. Understanding intersectionality is necessary to fully understand and appreciate the human rights violations that older people, people with disability, and veterans experience.

3. Build the capability of Regulators to use culturally appropriate assessment methods and tools and ensure culturally responsive, trauma-informed and flexible care.

Particular attention should be given to the role of the Australian Commission on Safety and Quality in Health and Aged Care and the NDIS Quality and Safeguards Commission in standard-setting, system governance, quality regulation and program management functions of the new regulatory framework. Assessment and evaluation processes should reflect principles and outcomes that are grounded in diversity.

The Aged Care Diversity Framework for example, does not only provide a structure with which to measure a provider's performance, it can also guide training requirements and best practice for Quality Assessors.

At the hearings for the Aged Care Royal Commission concerns were raised regarding the ability of the Quality Assessment workforce from the Aged Care Quality and Safety Commission to conduct evaluation, particularly in residential care, that is culturally informed.[8] When assessing a provider who caters to CALD older people, Quality Assessors involved should, where possible, come from CALD backgrounds or have an understanding of culturally appropriate and safe care and the needs of CALD older people. Comprehensive onsite assessments of residential aged care facilities require Quality Assessors to speak with residents and seek their feedback and appraisal. This can be meaningless if the evaluation framework and the evaluators are not culturally informed and/or there is no translation or interpreting services engaged.

Training in cultural safety, anti-discrimination and trauma informed service delivery should be required for Quality Assessors who interact with providers, particularly where assessors may encounter direct interactions with CALD clients. Similarly, the MyAgedCare, Care Finders and Care Assessment workforce under the program management component of the new governance model must adhere to the same competency standards as providers and Quality Assessors. Further, to achieve quality assessment outcomes for older CALD persons, the following need to be in place in the new single comprehensive assessment process:

- culturally competent multi-disciplinary workforce who can conduct holistic bio-psychosocial assessments; and
- professional translators and interpreters supported by bilingual, bicultural workers, especially in rural and remote regions where face-to-face accredited interpreters are not always available.

[8] Royal Commission into Aged Care Quality and Safety, Transcript of Melbourne Hearing, accessed 22 March 2021.

Throughout the implementation of 2011-2021 National Disability Strategy (NDS), it has been unclear how people with disability from CALD backgrounds could inform the goals set within the NDS framework. Commonwealth, state and territory, and local government departments were not monitored and audited to show how the NDS and the National Standards for Disability Services, *The People of Australia: Australia's Multicultural Policy* and the *National Disability Insurance Agency Cultural and Linguistic Diversity Strategy* are implemented.

It has been found that mainstream disability service personnel, including NDIS planners, local area coordinators, and staff of NDIS-registered disability service organisations are not aware of them. For people with disability from CALD backgrounds, receiving appropriate services would mainly depend on whether or not the people they deal with have cultural and disability awareness. There is a need for these agencies to report implementation of these policies and strategies properly in their continuous improvement plans and in their annual reports.

4. Integrate consistent, comparable, and compatible national collection of data on cultural, ethnic, and linguistic diversity.

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.

This is true of administrative (reporting on service delivery) and survey data, as well as social and medical research. The most commonly collected variables or criteria for identifying people from culturally and linguistically diverse (CALD) backgrounds are country of birth and language spoken at home/preferred language.

Annual Reports on Government Services (ROGS) define CALD recipients of aged care services simply as 'those born overseas from countries other than the United Kingdom, Ireland, New Zealand, Canada, South Africa and the United States of America''. This definition also appears in the current version of the Australian Institute of Health and Welfare's (AIHW) National Aged Care Data Clearinghouse Data Dictionary.

The National Disability Insurance Agency (NDIA) uses a similar definition, with the addition of a language indicator: 'CALD is defined as country of birth is not Australia, New Zealand, the United Kingdom, the United States of America, Canada or South Africa; or primary language spoken at home is not English'.

The exclusion of CALD people born in the predominantly Anglo/Celtic so-called Main English-Speaking Countries represents a significant underestimation of CALD people requiring or accessing aged care or disability services.

The NDIA in its *Access Request Form (NDIA. 2021)* does not collect information on a person's religion, cultural and ethnic diversity, only the language they speak. The person's country of birth is also collected but it is categorised as cultural diversity.

Diversity is not explicit in the Aged Care Quality Standards and the collection of data on cultural, linguistic and ethnic diversity is not required across aged care providers.

There is also a lack of comprehensive and comparable data on veterans' care, supports and services making it difficult to build an integrated picture of veterans' health and welfare. These data gaps include health and welfare needs and outcomes of veterans from CALD backgrounds, and how they compare with those of the broader veteran population.

In addition, there is no integration of various data sources such as Medicare and the Pharmaceutical Benefits Scheme into a standard data structure such as a data-linkage file to inform disability, ethnicity and intersectionality.

Diversity data deficits put into question the validity of many qualitative and quantitative studies into health and well-being issues affecting all Australians as the majority of studies have excluded CALD voices by insisting on English language research tools providing no options for translated versions. Lack of representation in research studies by diverse populations therefore impacts on the generalisability of research findings and, at a societal level, we need to acknowledge that the potential benefits of health research, for example, may not be reaching the most vulnerable groups.

The validity of many studies is therefore compromised by not accurately reflecting the diversity of the Australian population. Data should be collected in line with agreed data standards and used by all Commonwealth and State/Territory Government departments such as the Departments of Health, Social Services and Home Affairs and agencies such as the National Disability Insurance Agency to ensure access and equity is achieved. These disaggregated data collected by agencies must be available externally for the purposes of analysis and research.

Mechanisms to mandate data collection include requirements for:

- the collection of defined data on cultural, ethnic and linguistic diversity in administrative data sets
- the inclusion of participants from culturally, ethic and linguistically diverse backgrounds in relevant surveys
- the inclusion of such participants in social, health and medical, and other research (including clinical trials), particularly when such research purports to be representative of the Australian population as a whole.

Mechanisms to mandate agreed diversity data collection are clearly required, as evidenced by the inconsistency in the application of the National Standards, the current reliance on 'country of birth' and/or a language identifier, and the lack of definitive requirements in the Guide to assist Australian Government non-corporate entities in implementing the Multicultural Access and Equity Policy.

Care providers

5. Build the capability of all providers to develop and deliver culturally competent and appropriate care.

FECCA is cognisant that the disability sector has more mature governance frameworks while the aged care sector is undergoing major reforms. However, several insights provided in its

recent submission on the Aged Care Legislation Amendment (Royal Commission Response No.2) Bill 2021 are applicable and warrant critical consideration.

FECCA believes care providers need to gain approval or continued approval be conditional upon culturally safe and trauma-informed service delivery. Provider accreditation must be contingent upon its implementation of a diversity strategy and action plan. Examples of these actions include ensuring all staff are familiar with the Translating and Interpreting Service (TIS National), cultural competency training requirements and the provision of in-language resources. This would also extend to applications for re-accreditation, which should be assessed and evaluated against the outlined performance outcomes.

The recommendation for a star rating system for service and provider performance should be integrated with providers' adherence to a diversity strategy and action plan.

There is also a need to mandate diverse boards for care service providers to reflect the diverse profile of people being provided care, supports and services that they serve. This will ensure that needs and concerns of people in their care are not filtered through the lens of boards who have no lived experience similar to its stakeholders. In addition, boards should also be required to undergo trainings on diversity, intersectionality, cultural competency.

Providers must consider engaging Diversity Advisors to provide continuing support in building the cultural competency of their workforce, management and board of service providers.

To improve care outcomes for people from CALD backgrounds who need care, supports and services, FECCA argues that alongside amendments to reporting and governance requirements, there must be a transitional support plan for ethnospecific and multicultural providers to improve their governance to support these services to stay viable where possible.

FECCA consultations with consumers, researchers, and providers in the sector in early 2021, highlighted governance support to future-proof specialist services, multicultural and ethnospecific, to meet new governance requirements, and safeguard the specialist skills and expertise they provide.

6. Build the capability of all workers to deliver culturally competent and appropriate care.

FECCA would like to note Australia's increasing dependence of the care, supports and services sector on migrants who are overseas born, on various temporary visas, including international students, and nurses or care workers. Overseas born workers in Australia's workforce increased 11% to 30% in the five years to the 2016 Census. In comparison, there was a 12% increase in overseas-born workers described as aged care and disability carers to 37% of that workforce. More significantly, the percentage of overseas-born workers who are working as personal care assistants increased 14% to 50% in the same five-year period since the 2011 Census.[9]

[9] UNSW, Markets, migration and the work of care in Australia, accessed 31 March 2021.

Temporary migrants face intersecting conditions which increase their precarity and marginalisation within the workforce. These include conditions which restrict their economic security and employment options, including having no access to social protections such as Medicare or income support, poor understanding of entitlements under relevant awards, and restricted working hours.[10]

Temporary migrants may experience poor working conditions within the sector, including inadequate training and support in the requirements of the job, limited opportunities for professional development, occasional requirement to act as informal interpreters without language skills being part of a position description or appropriately remunerated, and experience of racism or discrimination.

These poor working conditions coupled with economic insecurity, which may prevent the seeking of alternative employment, increase temporary workers' marginalisation, precarity and risk of exploitation.

FECCA notes that this combination of precarious conditions means that CALD care workers, particularly those on temporary visas, may have relatively little power in their workplaces. As such, the adherence of these workers to a Code of Conduct may be difficult or impossible where the operating environment created by provider organisation and their governing persons is poor to begin with.

Punitive measures such as banning orders and high-cost civil penalty orders are exploitative where care workers may have little control over their working conditions. FECCA is particularly concerned about the impact of such measures on care workers who are already experiencing significant economic insecurity. FECCA is opposed to a civil penalty order which treats marginalised workers, providers and governing persons as having the same agency and liability for poor care outcomes.

Bilingual and bicultural workers are an important part of the care workforce and their competencies should be valued and recognised by formal recognition/accreditation processes. Additionally, FECCA recommends that bilingual and bicultural workers should be appropriately remunerated for the professional deployment of their language and cultural skills.

Staff development and training around cultural competency, cultural safety, anti-discrimination and anti-racism, and trauma-informed service delivery must be mandated to be delivered on a regular basis by all service providers. This is particularly important considering the typical staff turnover within the sector. This training should provide specific attention to areas such as end of life care for culturally and linguistically diverse groups; cultural attitudes and perspectives of dementia, death and dying, and palliative care; 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.

In addition to cultural competency and cultural safety, regular training for aged care workers should also include anti-discrimination and anti-racism, and trauma-informed service delivery.

[10] UNSW, Markets, migration and the work of care in Australia, accessed 31 March 2021.

This training must include care workers of CALD backgrounds, who may not be aware of culturally appropriate care for people of different backgrounds to their own, or who have different standards of care in their country of origin.

FECCA is concerned that any workforce reform should not impose additional barriers that would be discriminatory against CALD workers.

FECCA believes that, if the increasing dependence on a migrant care workforce is acknowledged, serious consideration must be given to ensure that those workers are properly supported and trained. These can be addressed if a CALD workforce sub-plan of the National Aged Care Strategy / 2022–25 Workforce Planning Strategy and Framework and its equivalent in the disability sector are developed in meaningful collaboration with a broad range of stakeholders to recognise comparable qualifications and experience from overseas among others.

People being provided care, supports and services

7. Build and sustain a navigation system that is relevant to people being provided care, supports and services from CALD backgrounds.

Many people being provided care, supports and services are less likely to use supports and services that could contribute to better health outcomes and require appropriate and tailored supports at different life stages. Some access them on time, some at the point of crisis and others, after numerous failed attempts, do not access them at all.

This issue becomes aggravated due to a scarcity of culturally relevant services, challenges in navigating support pathways and lack of cross sector collaboration. A key function of the Regulator is to ensure people being provided care, supports and services have access to accurate and reliable information about the quality of services and performance of providers.

Public registers of providers, information on quality indicators and star ratings are valuable but less so if not understood by the people who need them.

There are a number of barriers to CALD participation in the NDIS, including a lack of awareness of the scheme itself, cultural beliefs about disability, language barriers and a lack of language services, and the complexity of the scheme. There is a clear need for mechanisms to assist people from CALD backgrounds engage with the NDIS. People need better help with what we call systems navigation on the NDIS. Older people from CALD backgrounds experience similar challenges in accessing aged care.[11]

One of the key learnings from the FECCA/NEDA-led National Community Connectors Program and the EnCOMPASS Multicultural Aged Care Connectors; and the Ethnic Communities' Council of Victoria's Access & Support Program, is the value of trust as a key

[11] FECCA-ECCV 2020, Systems Navigation in CALD Communities: From prevention to active participation, accessed 14 December 2021.

driver in the way people from CALD communities process information, access and receive supports and services when they need it.

First contact with the care system is critical and local organisations with an established presence and vast knowledge of their communities play a critical role in helping to bridge past traumas experienced in their countries of origin, mistrust of authorities, lack of support networks and the feeling of being misunderstood because of their language and belief systems. People being provided care, supports and services from CALD backgrounds would benefit most and value greatly one single point of contact in their cultural or local community where they can interact face-to-face with trusted agents who speak their language/understand their culture and can guide them through the system up to the point of receiving aged care services.

Collaborations with primary health and general self-care are critical early interventions that could build trusting relationships with older persons rather than at the point of crisis. In complex cases, a multidisciplinary approach should include social interventions that could help redress basic needs and overwhelming vulnerabilities such as financial insecurity, lack of support networks, shame and family expectations, traumatic past experiences, dementia, to mention but a few. Only by embedding cross-sector, cross-service navigation and whole of life support, the role will be able to achieve a holistic approach to individuals' needs and circumstances.

Peer and community leaders are also integral to navigator systems that cater to CALD groups. They are able to identify older people in their own communities who need assistance and understand the cultural context of aged care and disability support. They can help address misconceptions commonly held by the community and can help frame information on the care system that makes sense within their cultural context. The service should not underestimate the power of culturally appropriate care, understanding of and respect for an intersectionality of needs and experiences to enable rapport building and trusted needs assessment. It is essential that navigation is delivered by people with cultural expertise and knowledge of the system in practice. Service navigation should be set up as a free of charge and impartial role that is well positioned to support diverse clients and their carers to navigate the care system more broadly.

For CALD navigation systems, good practices will necessarily require participation and collaboration by trusted community organisations, assertive outreach, multi-disciplinary orientation, harnessing of community assets, and culturally appropriate professional care.

Navigation systems in aged care, disability and veterans care need to also align and provided consistent funding to establish a community coordination or navigator model that can support the following:

- provide individual navigation to people from CALD backgrounds who need care, supports and services, and their carers and families,
- through a strengths-based, no-wrong-door case management approach
- provide culturally appropriate, tailored information about accessing care
- build the capacity of people from CALD backgrounds who need care, supports and services, families, families of choice and communities on engaging with the care system

- contribute to an evidence base on the issues and barriers affecting people from CALD backgrounds who need care, supports and services in navigating the care system, including collecting data to evaluate the program.

8. Support language services as a fundamental right of people being provided care, supports and services from CALD backgrounds.

Access to language services is critical to the quality of life of people from CALD backgrounds who need care, supports and services. At a minimum, people with linguistic diversity must be able to:

- Understand information about types and referral of care services, and their rights in the language of their choice;
- Make informed choices about their care, including giving informed consent, throughout their care; and
- Be understood when accessing services and providing feedback.

As care systems move to a predominantly person-centred, individual-packaged funding model, it is critical that costs of language support are not put back on people who are linguistically diverse, who may be less likely to engage with services as a result. People who are linguistically diverse must not be discriminated against by being required to pay for the cost of equitable and accessible care.

Understanding of their rights and what constitutes acceptable and unacceptable behaviours about their safety and security while receiving care service depends on their understanding of the rules and their ability to communicate. Incident reporting and management and especially the process of obtaining consent is based on effective two-way communication between the people being provided care, supports and services from CALD backgrounds and their service providers.

For those with limited or poor proficiency in English, this requires systems and processes to overcome language barriers, and enable information to be shared and understood by people being provided care, supports and services from CALD backgrounds. It also requires communicating directly as much as possible with the person rather than through family members. There may be instances where this is not possible due to cognitive impairment or other factors but often it assumes that providers have ‘systems and processes’ in place for dealing with diversity.

The Australian Government has an additional responsibility to better resource interpreting services for the care sector by recognising and optimising the informal language support provided by bilingual/bicultural care workers through a Linguistic Availability / Performance Allowance (LAPA) program. Under this program, language allowance is paid to encourage and assist existing care workforce to maintain proficiency in an approved foreign language and for the performance of linguistic duties.

Access to adequate language services should not be a luxury, it is essential to the quality of life of people being provided care, supports and services from CALD backgrounds and a lack

of language services can lead to social isolation and compound the complexity of a person's care needs.

The regulatory system is only as good as the ability and capability of people being provided care, supports and services to engage with the system. Building this ability and capability should be at the core of this regulatory alignment. For people from CALD backgrounds, language support is critical and fundamental.

FECCA would welcome the opportunity to discuss any aspect of this submission further. Please don't hesitate to contact us at ceo@fecca.org.au or on (02) 6282 5755.

Yours sincerely,

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