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

## SUBMISSION FROM ALZHEIMERS AUSTRALIA

## MAY 2017

## Submission template

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

**Submissions close 5pm, 12 May 2017**

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**Thank you for your interest.**

# 1. Tell us about you

**1.1**     What is your full name?

**First name**     Kaele

**Last name**     Stokes

**1.2**     What stakeholder category do you **most i**dentify with?

Peak body - consumer

**1.3**     Are you providing a submission as an individual (**go to question 1.4**) or on behalf of an organisation (**go to question 1.6**)?

Organisation

**1.4**     Do you identify with any other of these special needs groups?

**1.6**     What is your organisation's name?

**Alzheimer's Australia**

**1.7**     Which category does your organisation **most** identify with?

Consumer Peak Body

**1.8**     Do you **consent** to potentially being contacted to discuss the contents of your submission?

Yes

**1.9**     Do you wish for your submission to remain **confidential**?

No

## 2. The aged care sector and care for people from CALD backgrounds

### 2.1 How prepared do you think the aged care sector is to meet the needs of older people from CALD backgrounds and their communities?

A number of contributing factors would indicate that in the context of dementia, the aged care sector is under-resourced to meet the needs of older people from CALD backgrounds and their communities.

The first element relates to challenge of service demand. It is important to recognise that demand for dementia-specific aged care services in this country is growing at a faster rate than supply. Australia is also one of the most ethnically diverse nations, with recent data projections demonstrating that migrant communities are ageing at a significantly faster rate than the general population: by 2020 around 30% of the aged population aged 65 years and above will be from CALD backgrounds. Despite this, people from ethnically diverse communities remain under-represented in specialist dementia services and consumers often tell us that they struggle to find appropriate dementia care let alone services that can be highly responsive to specific CALD needs (e.g. appropriate language strategies for consumers who revert to their native language as their dementia progresses, or appropriate behaviour management strategies for consumers for whom culturally-specific experiences may trigger upsetting or distressing memories).

The second challenge relates to service supply. Although we are seeing the emergence of an increasingly consumer-driven, demand-driven marketplace, indications are that vulnerable, resource-intensive consumers, including people from CALD backgrounds with dementia (and especially those with significant behavioural and psychological symptoms), continue to be under-serviced because of the complexity of their needs. While market forces have the potential to drive access and quality where there is competition, in many areas of Australia (and especially in rural and remote areas) there is little or no choice of service providers or residential aged care facilities, let alone services that cater specifically to the needs of people from diverse ethnic backgrounds. The shortfall of appropriate services has the added effect of creating an environment in which people living with dementia, their families and carers may be concerned about challenging service quality or exercising their choice to exit and transfer to another service.

From a provider perspective there is also a third challenge of resourcing and training. Although dementia – as well as a broad range of 'special needs' – is treated as 'core business' in an aged care policy context, the operational reality is such that providers are constantly trying to balance a broad range of specialist care needs with clinical efficiencies and financial sustainability. Further investment – and support for such investment – is required to ensure aged care providers are better prepared to meet the needs of people from CALD background who are impacted by dementia.

### 2.2 As an individual or carer, do you think the aged care sector has been adequately supported to deliver CALD inclusive services?

Not applicable to Alzheimer's Australia.

### 2.3 As an organisation, do you think the aged care sector has been adequately supported to deliver CALD inclusive services?

Alzheimer's Australia not only provides services to people living with dementia, their families and carers but also to providers (in the form of education and training in dementia-specific practices). Organisations from the aged care sector tell us that they are generally under significant pressure to deliver quality services to all consumers, regardless of need or background – and often without the capacity or ability to invest at a systemic level in

specialist training. Nor is it always possible to access support services that make delivering appropriate care to someone from a CALD background easier.

For example, Alzheimer's Australia staff operating in Darwin (Northern Territory), which has a very diverse population, report that they face challenges in communicating with a number of population groups as they are unable to access funding to provide face-to-face interpreters for people from CALD backgrounds. Instead, staff are forced to rely on family members or friends, who may not have an adequate understanding of services or concepts of care in order to interpret them for their family member. Modes of communication can also be challenging: it is usually not adequate to provide a telephone interpreter for the types of services that Alzheimer's Australia provides.

Additionally, in our experience, although the aged care workforce is diverse, there are still a number of cultural groups which are not adequately represented. This can impact the provision of service to elders who do not speak English – especially for people living with dementia who have reverted to their native language – because there is no available service able to support the communication needs of, say, a person requiring respite.

Although the previous national Ageing and Aged Care Strategy for People from CALD Backgrounds outlines strong principles (see further below for comments on the specific elements of the strategy), it would be useful for providers and consumers alike to have specific guidelines around core competencies relating to CALD-specific services as well as support to develop capacity to meet the needs of emerging communities.

## 2.4   Before receiving notification of this submission open round, were you or your organisation aware of the existence of the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds (the CALD Strategy)?

Yes

## 3. Principles of the CALD Strategy

The Strategy is based on the following five principles:

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

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

- Access and Equity - All areas of aged care understand the importance of and deliver culturally and linguistically responsive care.

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

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

### 3.1 What concrete steps, if any, have you seen towards the implementation of the 'Inclusion' principle over the past 5 years?

While aged care funding, the aged care reforms and the introduction of consumer-directed care all indicate support for the principles and goals of aged care diversity, the overwhelming response to this question from our consumers is that the aged care sector has not been adequately supported to deliver CALD-inclusive services.

People from CALD communities are often geographically dispersed, making it difficult for service providers to provide appropriate, responsive and inclusive services for both practical and financial reasons. While access to supports such as translating services can be of some assistance to generalist providers, it is often acknowledged that consumers who identify as being from a CALD background prefer to receive aged care support from service providers who offer specialist services to their community, as this can give a greater sense of understanding, safety, and a belief that their specific cultural or other needs will be met.

In rural and regional areas it is not always practical to provide services to a specific client cohort due to low client representation.  As such, services need increased support, both financially and practically, to ensure their staff are adequately trained to deliver services to a diverse range of consumers, including those who identify as CALD.

### 3.2 What concrete steps, if any, have you seen towards the implementation of the 'Empowerment' principle over the past 5 years?

Although the aged care sector is gradually moving towards a model driven by consumer choice and control, people living with dementia, their families and carers – especially those from CALD backgrounds – typically tell us that they are not empowered to maximise their use of the aged care system. This is in part because of a lack of understanding about the system more generally and about their rights and responsibilities within the system. Although tools such as My Aged Care are beginning to support consumers in employing more choice, people living with dementia, their families and carers often require more specific, supported service navigation assistance as well as guidance on how they can employ empowerment principles to the decisions they make.

For example, a peer support program for CALD communities in Victoria was a successful model for skilling community-based leaders to better understand dementia within the context of their own CALD community but often it took significant time and resourcing for community members to understand what dementia is and how aged care services might support them – let alone identifying appropriate services, feeling empowered to access services and ensuring services were of an appropriate quality.

Alzheimer's Australia's Special Access Liaison projects have also been working towards increased inclusion and empowerment for CALD clients, which has resulted in a better understanding of the needs of a diverse client group – and the empowerment of specific communities to access appropriate dementia services. However, this level of community education and support needs to be ongoing and expanded if we are to truly incorporate full non-discriminatory practices. The project/program-style of support inherent in the current system make it difficult for marginalised groups to be confident in the way they will be treated over the longer-term – understanding the complexities of service delivery to CALD communities (or to consumers with specific or specialist needs like dementia) requires ongoing support and education rather than a one-off program of work. Similarly, further work needs to be undertaken in emerging communities of refugees and migrants from war torn or dictatorial politics, in order to build refugees' confidence in their new community services system and government – and in order that the principles of empowerment are translated into their spheres of experience.

## 3.3 What concrete steps, if any, have you seen towards the implementation of the 'Access and Equity' principle over the past 5 years?

Our consumers typically tell us that the principles of access and equity have been variable in their application across the aged care sector – both in terms of quality dementia care and in terms of culturally appropriate care. Racial, religious and LGBTI discrimination – whether intentional or unintentional – is still a very real experience for many older Australians.

Where people are collectively more visible, resourced or empowered – for example, a group with large membership in a geographical area – they may feel more confident in gaining access to equitable, good-quality care and have the capacity to articulate their aged care needs. In our experience of working with such communities, this ability to engage proactively with the aged care sector is a result of sharing experiences with others in their social networks and a close engagement with community organisations.

If a consumer is only one of a handful of people living in their region, on the other hand, they may be aware that aged care services are not supposed to discriminate in the context of service provision or quality of care but lack confidence in their ability to access truly equitable aged care service provision.

Similarly, some providers tell us that while they are supportive of the principles of inclusion, the practical application of accessible and equitable services is challenging from a resourcing perspective (e.g. liaison with appropriate support services can be challenging where markets are under-serviced).

## 3.4 What concrete steps, if any, have you seen towards the implementation of the 'Quality' principle over the past 5 years?

There are many compelling examples of high-quality aged care services for people living with dementia from CALD backgrounds, but they should not be considered a reflection of mainstream service provision.

Aged care educational resources (printed and on line) have almost certainly become more inclusive of cultural and linguistic diversity over the past decade. Case studies, pictures and discussion are more inclusive of awareness of people from CALD backgrounds (although there are still specific groups who are under-represented).

Similarly, some consumers tell us that people from CALD backgrounds are more aware that aged care services should not discriminate in terms of service provision or quality of care, and that much of this awareness has resulted from government printed and on line information and compliance systems.

On the other hand, the ability to determine a level of 'quality' is challenging for most consumers because there is still such a lack of qualitative measures to drive service improvement in the aged care sector – let alone consumer-driven assessments of quality.

Tools like the Aged Care Funding Instrument (ACFI) – especially Standards 2 ( Health and Personal Care) and 3 (Resident lifestyle) are designed to assess the extent to which a consumer in residential aged care experiences meaningful choice, care and lifestyle that supports their goals, needs, values, preferences, lifestyle and history. Documentation typically reflects what might be seen as a tokenistic approach to cultural or ethnic identity (e.g. a case note regarding specific religious or cultural holiday celebrations; dietary preferences) unless the resident is in a culturally specific facility representing their background and identity (e.g. Italian, Chinese, Jewish).

## 3.5 What concrete steps, if any, have you seen towards the implementation of the '<u>Capacity Building</u>' principle over the past 5 years?

Alzheimer's Australia is aware of a number of important and effective capacity building programs over the past few years, spanning peer support, specialised education and resource development.

For example, Alzheimer's Australia is funded by the Australian Government to deliver the Service Delivery Pathways Project (SDPP), which is delivering excellent results in reaching special needs and hard to reach groups. The community development, community partnership and capability building approach taken throughout this range of projects demonstrate the value in investing in dementia specialist facilitators and enablers that can unlock and leverage community resources and pathways for hard to reach consumers. These projects provide a high return on investment by drawing on existing strengths and access opportunities within communities and empowering community members to drive change.

Alzheimer's Australia WA is supporting a Champions Model, recruiting and supporting Dementia Link coordinators within CALD organisations that work within their community to identify barriers to inclusion for CALD individuals, provide education to their community in their first language and build pathways to support.

Alzheimer's Australia Vic has worked closely with more than ten CALD communities on a peer support program designed to facilitate self-awareness and community-led advocacy in addition to partnering with major aged care providers on specific CALD resources and translation standards.

All of these initiatives highlight the importance of ethnic-specific supports and information about dementia. Consumer need is best served when they are able to access aged care services that are culturally sensitive, in their own language, and delivered by someone who understands their lived experience.

## 3.6 Are these Principles still relevant?

The principles of inclusion, empowerment, access and equity, quality, and capacity building are entirely relevant to contemporary society and still require a specific CALD focus, especially in the context of dementia. However, it is important that any new diversity strategy includes guidance on: a) how to achieve quality services for people from CALD backgrounds and b) how to measure quality.

Ideally, new strategies should also link to government policy and funding in order to drive implementation.

# 4. Goals of the CALD Strategy

The Strategy's high-level Principles were complemented by six specific goals:

- Goal 1 - CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive.

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

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

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

- Goal 5 - Enhance the CALD sector's capacity to provide ageing and aged care services.

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

## 4.1 What concrete steps, if any, have you seen towards the implementation of the 'Goal 1' over the past 5 years?

Alzheimer's Australia has designed multiple programs with a focus on raising awareness of dementia and dementia services, as well as addressing stigma and negative attitudes about the disease that are known barriers for diverse communities.

They have delivered these mostly through structured partnerships and best practice approaches, with models ranging from resource development to capability building interventions. Examples include:

- Victorian and NSW projects which have developed improved community education resources. For example, the IT'S NOT A DISGRACE - IT'S DEMENTIA short films target a number of different communities and are designed to support Alzheimer's Australia community educators and ethno-specific agencies to provide community education. These are hosted on the Alzheimer's Australia YouTube channel and include films for Spanish, Arabic, Serbian, Ukrainian, Cambodian, Croatian, Assyrian and Vietnamese-speaking communities. The videos were produced in partnership with Why Documentaries and the Multicultural Communities Council of the Illawarra.

- Projects like Living With Dementia have taken a community development approach by educating communities about how to talk to their health care professionals about memory concerns and by training ethno-specific agency staff who have themselves become initial contact points for their community.

- In the Northern Territory an ongoing partnership sees the delivery of celebration lunches capturing up to 200 people from diverse cultural groups as part of Dementia Awareness Month. This event based partnership with the Multicultural Council employs best practice strategies and actions wherever possible identifying contributing factors to increased vulnerability of particular groups and developing activities to bring an individual's health outcomes to at least the level of their own community and then to an optimal standard through in language education delivered by bicultural workers supported by linkages to service providers and collateral. This model is replicated at the National Multicultural Festival in Canberra held every February.

- Alzheimer's Australia has supported CALD consumers to provide input in the development of ageing and aged care policies. A total of 3 workshops were held to identify the learning needs of the My Aged Care national assessment workforce supporting the needs of Aboriginal and Torres Strait Islander, CALD and LGBTI consumers and develop a course content blueprint. Our expertise on dementia informed the content of the package and the characteristics and desired outcomes for learners. These were incorporated into the Learning Design Blueprint for each of the 3 identified special needs groups. The workshops were conducted by CIT Solutions.

Other important key initiatives being rolled out for these audiences are typically focused on capacity building and include:

- Building knowledge of Translators (VIC): There was an identified need to educate translators in the concepts and terminology of dementia and health promotion in this context and so workshops have been conducted since 2013.

- Multicultural app for carers (SA): Funded by an Aged Care Service Improvement and Healthy Ageing Grant this app is due to launch nationally in mid-2017. Profiling 21 communities it has been designed for health care professionals to provide them with resources, information and cultural profiles so they can deliver culturally sensitive care.

- Dementia Advisers - CALD Link (NSW): There are 3 workers who act as Dementia Advisers for the Syrian, Croatian and Cambodian communities facilitating learning experiences for community members.

- Dementia Link-CALD Champions Program (WA): The CALD Champions program has upskilled 11 Coordinators who provide support, information and access to services for people living in the community with a diagnosis of dementia, their carers and family members.

- CALD Dementia Connections project (VIC): This program has seen the development of partnerships with five CALD organisations and recruited nine trainees to provide support, information and access to services for people living in the community with a diagnosis of dementia, their carers and family members.

## 4.2 What concrete steps, if any, have you seen towards the implementation of the 'Goal 2' over the past 5 years?

While there is now a broad range of materials aimed at raising awareness and knowledge of CALD consumers, the uptake and meaningful implementation of these resources remains low. As the National Ageing and Aged Care Strategy status report notes, there have been many activities performed under this Goal of system capacity, but without any corresponding measurement of their impact, the outcomes and longevity of such initiatives remain unclear.

Another important aspect that is missing from this goal is an advocacy framework that supports the needs of CALD communities. A comprehensive aged care advocacy framework is a critical element in supporting the meaningful implementation of consumer-directed care principles. The scale of reform across aged care means that it is critical to ensure that all consumers are supported, empowered and have their rights protected during this period of change and within an evolving aged care system.

Genuine consumer directed care for people with dementia can be delivered only when consumers are enabled and supported as partners in the decision-making process. A robust advocacy framework is a good starting point in ensuring that consumers have access to advocacy that supports their needs and requirements.

## 4.3 What concrete steps, if any, have you seen towards the implementation of the 'Goal 3' over the past 5 years?

There has been variable improvement in the confidence of people from CALD backgrounds to access and use a full range of ageing and aged care services.

In relation to tools, for example, My Aged Care states that support is available for CALD people; but the Health Direct and Carer Gateways do not spell out these groups, making it difficult for consumers to find what they need.

Some specific CALD services are being funded through the Commonwealth Home Support Program and are designed to improve access and equity for people from CALD communities.  Yet, typically funding amounts are quite small, resulting in limited service reach, especially outside of major metropolitan areas.

Most importantly, our consumers report a lack of awareness of service options available – especially when it comes to a consumer who is living with dementia – as well as an experience of services that are not necessarily appropriate to their needs. Burgeoning numbers of providers, increased choice and electronic information is of little value if the target groups cannot access what they need because of physical, social, cultural or linguistic barriers or simply because the sheer complexity of service provision systems is too hard to navigate.

## 4.4    What concrete steps, if any, have you seen towards the implementation of the 'Goal 4' over the past 5 years?

Monitoring and evaluating the delivery of ageing and aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families and carers remains an inadequately assessed goal.

Measuring consumer satisfaction is a vital element in measuring service quality.  Consumers and carers should be engaged as key partners in aged care quality and compliance processes and consumers have told Alzheimer's Australia that they are keen to have a more central role in these processes.

For example, involving care recipients, carers or former carers as part of assessment teams would utilise their expertise as well as give consumers more confidence in the system. There are of course questions to be explored around developing appropriate training and exploring how consumers could be equal members of the assessment team, or play an advisory role. Involving consumers in the quality monitoring process may assist to reducing the hesitation some consumers feel in providing honest feedback about the services they are receiving to a reviewer as well as provide the assessment teams with additional information to support the review.

The National Safety and Quality Health Service (NSQHS) Standards provides an example on how this can be built into the draft standards. The focus in the NSQHS Standards on consumer involvement and data collection has led the states to release data on patient experiences surveys.  For example, most states have publically available reports of patient experience data from specific patient groups and provides comparisons across hospitals.

It would be a step forward in terms of transparency to have a national consumer experience survey of all Government funded aged care services, including CALD consumers, which was released publically on an annual basis.

## 4.5    What concrete steps, if any, have you seen towards the implementation of the 'Goal 5' over the past 5 years?

Although there have been some moves to enhance the ability of CALD organisations to supply ageing and aged care services, the sector is still largely under-resourced.

For instance, difficulties for mainstream providers in accessing interpreters and the lack of bi-lingual/bi-cultural staff in many aged care settings is still repeatedly raised as a serious issue for consumers and providers alike.

Similarly, the use of interpreters across services is inconsistent. Where there are bilingual staff, these staff are often overstretched and lacking adequate support to undertake their roles.

Culturally specific aged care services are still limited in number, making genuine consumer choice impossible to enact.

These concerns highlight the necessity for culturally appropriate workforce development policies and accreditation policies as part of national comprehensive strategy for the delivery of culturally responsive care for older persons of CALD backgrounds.

## 4.6   What concrete steps, if any, have you seen towards the implementation of the '<u>Goal 6</u>' over the past 5 years?

Systematic data collection still requires a concerted focus in order to better understand the ageing and aged care needs of CALD communities, especially in relation to dementia-specific needs.

There has been some work around this goal, with the Census collecting de-identified data regarding aged care providers and staff delivering services to older people from CALD backgrounds and people from CALD backgrounds working in the aged care sector.

People from CALD backgrounds have also been included in pilots of consumer experience and quality of life in pilots of the National Aged Care Quality Indicator Programme, and the federal government funded FECCA and the University of Adelaide to conduct a review of available research, the Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds.

## 4.7   Are these Goals still relevant?

As with the Principles of the Strategy, the goals are still relevant, but need to be better resourced and the outcomes measured to assess performance.

# 5. Experience of the CALD Strategy

## 5.1 In terms of the CALD Strategy, what do you think the government and the aged care sector <u>has done</u> to improve access to and provision of inclusive and appropriate aged care services for people from CALD backgrounds?

As mentioned above, there has been both variable and varied improvement in access and provision of inclusive services for people from CALD backgrounds.

Although a range of service providers, programs, initiatives and resources have been developed (and supported by government), they have not yet translated to sector-wide transformation.

## 5.2 In terms of the CALD Strategy, do you think it aligns with broader aged care reform such as 'Increasing Choice'? If so, please provide more detail.

In broad terms, the CALD Strategy aligns with the broader direction of aged care reforms, which emphasise consumer choice and direction. However, in terms of strategy and aged care reform, there is a still a gap between principle and practice.

Increasing Choice is also about assisting people to make informed decisions about their care – and in this aspect the aged care reform process is still in progress. Navigating and understanding the processes and services of aged care remains challenging for even the most savvy consumer or carer, let alone someone dealing with a specific care need like dementia and/or a specific CALD background.

Through various submissions on elements of aged care reform, Alzheimer's Australia has emphasised the importance of ensuring a focus on informed decision-making. For people with dementia, as for those people without dementia and people from CALD backgrounds, having a say in their everyday lives is a basic desire and underpins a sense of purpose and well-being. Many people with dementia have expressed a desire to feel that they are participating in decision making regarding their care but also recognise that their ability to do so is, and will be, compromised by the nature of the disease. Alzheimer's Australia has therefore consulted with consumers on increasing choice and the move to consumer directed care, and they have identified the need for greater transparency, support in navigating the system and more consistent information on elements such brokerage and other fees.

## 5.3 In terms of the CALD Strategy, where do you think the government and the aged care sector need to improve?

Ongoing support for capacity-building at a sector level is imperative, along with support for consumer to understand their choices and how to enact them. In addition, this model needs to recognise that there is diversity within CALD communities and that services should be resourced and tailored to address diverse goals and needs.

# 6. Aged Care Diversity Framework

The Strategy is going to be replaced by a broader Aged Care Diversity Framework (the Framework), aimed to build on existing efforts to provide guidance for providers to embed better practice in their service delivery to better meet the diverse needs of older people.

Under the Framework, an action plan for people from CALD backgrounds will be developed.

Your feedback will help to identify broader issues to be incorporated in the development of a CALD action plan in the Framework.

## 6.1 What themes or issues do you believe the Framework should include/address?

In addition to the broad principles of inclusion, it is important that a new Diversity Framework addresses some of the major barriers in the provision of equitable access to services for individuals who are from culturally, religiously and linguistically diverse backgrounds. Some of these factors might include:

- Addressing people's inability to speak English well or not at all;
- Difficulty accessing professional interpreting services especially for newer language groups;
- Limited access to appropriate information on health services, particularly translated resources;
- Insufficient health information and prevention programs that are culturally specific and tailored to address particular needs of ethnic communities;
- Complexity of the health care system, particularly the primary health care sector;
- Limited availability of bilingual health care professionals;

  Difficulties in meeting the health needs of communities in both urban and rural and remote settings;
- Capacity of support services to respond equitably and to deliver culturally sensitive and appropriate services;
- Lack of specific training and education for all staff to deliver culturally competent services; and
- Limited access to culturally appropriate standardised assessment tools that can be used to plan best quality health care.

## 6.2 What issues or specific actions do you believe should be included in the CALD action plan that will be developed under the Framework?

We recommend that the new framework includes reference to the importance of:

- Workplace culture change education for primary health, acute health and aged care clinicians and staff;
- Subsidised volunteer training and support programs for working with CALD people with dementia;
- Increased levels of dementia education and support for people of CALD backgrounds;
- Better monitoring and measurements of services to CALD communities, and the involvement of CALD consumers in the assessment processes;
- A comprehensive aged care advocacy framework that can support the implementation of a CALD ageing strategy;
- Active targeting of an increased number of older CALD people in planning, delivery and evaluation of ageing, aged care policies, programs and services at government, local and aged care organisational levels; and

- Specifically targeted strategies that support CALD people who live in rural and remote areas.

# 7. Other Comments

Notwithstanding the important inroads gained through a significant focus on programs targeting diverse communities, the ongoing opportunity for impact of this work too is lessened once project funding comes to an end.

It is also important to consider how dementia care can best delivered to culturally and linguistically diverse communities living in rural and regional areas. This is especially true for the increasing number of migrants on temporary working visas in these areas and small communities of refugees and other humanitarian entrants. In these circumstances, the size of the population may not be sufficient to allow delivery of stand-alone specialist services. So models of care that support delivery of dementia care specialist services to these communities need to be considered.

As the peak advocacy body for people living with dementia, their families and carers in Australia we look forward to further consultations regarding the Aged Care Diversity Framework as it develops.