

CULTURAL CONNECTIONS



Braver New World – Multicultural Advisory Service

At a recent lecture-type information session for a group of frail elderly CALDB groups, it was sadly obvious that a huge chasm yawned between the words uttered by HACC service providers and intellectual cognition on the part of the group.

This is where the Multicultural Advisory Service (MAS) can assist you as a HACC provider:

- We promote your services to culturally and linguistically diverse clients
- We explain HACC services and client's rights and responsibilities to CALDB communities in culturally appropriate ways
- We provide staff development
- We bring multicultural and multilingual resources and aids to your agency for staff and clients
- We provide general cultural information to help workers and clients
- We work with you collegially in making your service meet HACC standards in cultural competency

The Goal of the Multicultural Advisory Service remains:

To improve access to culturally appropriate services for HACC eligible people from culturally and linguistically diverse backgrounds (CALDB) on a state-wide basis.

Some may query why? Well, research identifies the low take-up rate of HACC by CALDB communities continually needs to be addressed. The MAS aims to raise the take-up rate of HACC services by CALDB communities.

Information is power. With HACC funding, the MAS is keen to pioneer innovative information strategies. Information provision especially through key informants through word of mouth is a strategy outlined in the HACC National Information Framework. Giving regard to above, funding could be directed to strategic use of *ethnic media* – radio (SBS and local) and TV (SBS) - for example, by designing segments for community service programs to inform about HACC funded services, or creating story lines around HACC service usage in episodes of well known series ['soopies']. It is also important to design the information around a program series rather than a once-off program in order to reinforce information content.

According to the HACC standards, information provision is a basic need, yet we continue to utilise out-moded ways. HACC needs to be able to measure effectiveness of information provision in a qualitative, not solely in a quantitative manner.

We look forward to continuing to work closely with CALDB communities and HACC programs in 2007.



Editorial

The Home and Community Care (HACC) Program's *Multicultural Service Development Strategy 2006* highlights as a key issue the under-representation of frail aged cultural and linguistically diverse background (CALDB) persons accessing HACC funded services.

In response the HACC Program, through the Multicultural Advisory Service, proposes to support services develop appropriate approaches to service provision as the primary, but not the only, means of meeting the needs of CALDB consumers within each HACC Planning Region.

For CALDB people access pathways to HACC services need to be more responsive and services and staff members need to consider how they might enhance their care practices and competencies culturally.

Cultural competence means working effectively with individuals and their families, while discovering, recognising, understand and working with the influence that culture has on the day to day lives of these individuals and staff members themselves. (Harris, 2005, "Cultural Competence Works", NSW).

As a quick guide, there are five things about culture to remember:

- Culture influences how we see the world, what we value, what we believe and what actions we take.
- Culture affects us all
- Culture is expressed individually
- Culture is dynamic it changes as we change in response to life's experiences and challenges
- While culture can highlight differences it should be noted that in fact there are many similarities between cultures.

Culture is a product of being human.

If you think that you would like to understand and learn more about the provision of multicultural services we would look forward to you contacting any one of our Multicultural Advisory Services throughout the State.

Ms Margaret Hess
 Director



Did you know??

By 2011, the numbers of older people from culturally and linguistically diverse backgrounds is projected to increase to 23 per cent – that is by 653,800 people.





Ludmila's Story

By Lorraine Sing Cutler, Brisbane South,
 Multicultural Advisory Service (MAS)

Have you ever wondered what 'cultural competence' means? Have you ever wondered what "best practice high quality aged care services means". Is this all bureaucratic gobbledegook? Well read on. For the edification and education of our readers the following eloquent and poignant story graphically illustrates the meaning of these terms.

"In March 1950 I arrived in Australia as a refugee from a displaced person's camp in Mannheim, Germany.

I am a Latvian woman but could not return to my country because of communist occupation of my country.

Then I was 33 years of age, a healthy woman with a zest for life and capacity to work. Now I am 88 years of age and live alone in my own unit.

I suffer from age related illnesses including arthritis and high blood pressure etc. etc. I can look after myself but do not go out of the house on my own anymore.

I can work with the use of a walker and walking stick.

I can still do a few things myself, for example, I can do my own washing but cannot hang it out. I can make my own bed but cannot change my bed linen and turn my mattress without help. I can sweep my floor with one hand whilst holding on to my walker with the other.

I can iron only whilst sitting down because with my back problems I can stand only for short periods.

I make my own meals in a style that I have been used to since childhood.

It is here that Diversicare's services are especially helpful for me, when a worker from this organisation takes me shopping to the supermarket. Similarly it is important that someone takes me to doctors, for X-rays, and to hydrotherapy. As I mentioned earlier these are the only opportunities I have to go out from my home.

I am very thankful and feel indebted to Diversicare for this help.

In addition this service's employees consist of people who are from Europe and other countries which enables me to communicate with people who have had similar experiences to myself.

All in all I can say that my quality of life is significantly improved."

Loving thanks
 (Name changed to protect privacy)

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You are probably puzzling “what cultural competency?” and “what is that to do with Ludmila’s story”.

What is a culturally competent organization?

There are 5 essential principles:

1. *Valuing Diversity:* Diversicare’s services values Ludmila’s diversity by ensuring she has a home care worker from Europe and she attends activities where she meets others who have had similar experiences as she has had. This can lead to better understanding of the complexity of diversity.
2. *Conducting cultural self-assessment:* Each organization has a culture. Continuous improvement through discussions and surveys helps organizations adapt to new cultural groupings. In providing services to Ludmila, Diversicare’s staff monitor and maintain cultural self-assessment.
3. *Understanding the dynamics of difference:* Through its Mission Statement and Strategic Plan Diversicare maintains awareness of the dynamics of difference to continue to be effective. This is operationalised in its assistance to Ludmila.
4. *Institutionalizing cultural knowledge:* Cultural knowledge should be integrated into every facet of an organization. In providing a culturally appropriate service and professional development for staff, Diversicare ensures that Ludmila continues to receive a culturally competent service.
5. *Adapting to diversity:* Diversicare recognizes, respects and values cultural diversity.

When Ludmila left Latvia she had no idea what was in store for her half-way across the world in Australia. The challenge of migration to Australia and settlement into this country necessitated the development of inner resources such as courage, adaptability, determination, resilience, resourcefulness and independence. It also necessitates Home and Community Care (HACC) modeling best practice cultural competency to meet hers and others needs through the funding of ethno-specific/multicultural HACC providers, and effective coaching of HACC agencies to meet cultural competency standards.

There is no level playing field for CALDB, pre-HACC and HACC clients.

What we can aim to achieve in the HACC sector is to facilitate Ludmila’s/others positive ageing with experiences/programs/services which maximize a capacity to love, live and affirm the rich tapestries of their cultural history.

Thanks to Dace Dambergis for Ludmila’s story.

For assistance contact MAS on 38461099.



Did you know??

The 2001 Census found 182 languages other than English is spoken by the general population of Queensland.



‘Garden with No Boundaries’ Project.

By Dace Dambergs, Sunshine Coast Multicultural Advisory Service

The Multicultural Advisory Service (MAS), Sunshine Coast is actively involved in the development of a new project called a ‘Garden with No Boundaries’.

The aims of the project include providing opportunities for people of all ages, social/cultural backgrounds, community groups, services and programs to participate in therapeutic gardening and social, recreational, cultural, and healthy living/ageing activities in a central location.

MAS’ role in the ‘Garden with No Boundaries’ Project is to demonstrate different ways of providing social support and community based respite to culturally and linguistically diverse frail aged persons and carers who may not ‘fit in’ to traditional models of service delivery or who do not fully utilise the generic aged care services available.

Our research and experience suggests that many CALDB people are not familiar with the notion of respite, nor are many family members and carers comfortable with taking their ageing relative to a centre to be looked after while they have a break.

A number of Sunshine Coast centre-based respite service providers have indicated attracting CALDB people to their services and providing respite activities which are appropriate for them, poses an ongoing challenge.

Appropriate respite activities need to take into consideration language issues, cultural attitudes about being a care recipient and the need to feel included in a social group.

The idea for the ‘Garden with No Boundaries’ Project evolved from Diversicare’s Sunshine Coast monthly multicultural respite program for culturally and linguistically diverse (CALDB) frail aged persons and carers at the Sunshine Coast Bocce club in Woombye.

The program enables members of this client group to socialise with others, and to participate in activities within a non structured community environment.

The facilities and semi rural surrounds of the Bocce club gives the respite program the feel of a community function rather than a service.

The ‘Garden with No Boundaries’ will provide opportunities for service providers to conduct respite programs/activities within an outdoor community garden setting. These need not consist of physical gardening. They can be tailored towards other activities such as Thai Chi, participatory workshops on story telling, healthy eating, diabetes management, continence, falls prevention etc. and a variety of celebrations and community education events.

The ‘Garden with No Boundaries’ is a joint initiative with Maroochydore Shire Council, the Maroochy Neighbourhood Centre, the Sunshine Coast Bocce Club and Diversicare Sunshine Coast.

Diversicare invites the participation in the ‘Garden with No Boundaries’ project by any Sunshine Coast aged care service providers interested in exploring innovative program options for CALDB and other clients.

For more details please contact Katie Stirling, MAS’ Project Officer based in Nambour on (07) 54762988 – (NB: Katie Stirling has taken over the position formerly held by Dace Dambergs)



RUDAS – Improving culturally sensitive assessment

By Dearne Mayer, Project Officer, Community Partners Program, Townsville

Lost the keys? Forgotten an appointment or having difficulty finding your way to a familiar place? Have you wondered whether this is just normal part of ageing or if it is an early warning sign of dementia that needs further investigation? Dementia is the term to describe symptoms of a group of illnesses which cause a progressive deterioration in a person's functioning, which can include loss of memory, intellect, rationality, social skills and 'normal' emotional reactions. Although dementia is more common for people aged over 65, it is **not** a normal part of ageing. There are many different types of dementia, each with its own causes and Alzheimer's disease is the most common type of dementia (50% to 70% of all cases), followed by Vascular dementia.

Currently around one in eight (12.4%) Australians with dementia do not speak English at home and projections suggest that this will increase over the next thirty years. There is some evidence that CALD people affected by dementia do not immediately seek a diagnosis and also access services at a later stage. It is very important that early diagnosis of dementia is made as there are some medications that can reduce the symptoms in the early stages of dementia. Often health professionals use the Mini-Mental State Exam (MMSE) as the first screening tool to assess if the person is having cognitive difficulties. For CALD people the MMSE does not accurately assess cognition because of the difficulties in translating the terms used in the MSSE (such as the instruction for the person repeat "no ands if or buts") and the person's level of education can affect test results.

The Rowland Universal Dementia Assessment Scale (RUDAS), as an alternative to the MMSE, has been found to be at least as accurate as the MMSE and does not appear to be influenced by language, education or age. All of the questions in the RUDAS can be directly translated into other languages without the need to change the structure or the format of any item.

Townsville's Community Partners Program (CPP) and Home and Community Care (HACC) Multicultural Advisory Service hosted a RUDAS workshop in late November 2006. The workshop was facilitated by Dr Joella Storey who was part of the team who developed RUDAS several years ago at Liverpool Hospital, NSW. The development, pilot and validation of RUDAS as well as the administration and scoring of RUDAS were covered by Dr Storey. Over seventy health professionals from the Aged Care Assessment Team (ACAT), local residential aged care facilities, Alzheimer's Australia North Queensland, Homecare Dementia Service, James Cook University Memory Support Clinic, Older Persons Mental Health and Townsville Hospital Older Person staff attended the workshop.

RUDAS is currently being widely used in New South Wales, Canberra, and the Townsville ACAT as well as being translated and used in India.

For further information about RUDAS or the Townsville Community Partners Program or the Multicultural Advisory Service please contact Vicky Teleni phone 07 4728 7293 or email hacc_townsville@diversicare.com.au.

For information about dementia, phone the National Dementia Helpline on 1800 100 500 or visit Alzheimer's Australia's website <http://www.alzheimers.org.au>.



Equity and Access – where is the evidence?

By Vicki Teleni, Townsville Multicultural Advisory Service (MAS)

Where is the equity and access for our migrant CALDB HACC target population in the North (1)?

“When I ring up to ask for cleaner, the girl she say she can’t understand me. Why she not understand me? I live here 50 years, I speak English every day. I think they don’t want work, they don’t want talk to me because I not born here. They hear my voice, they too lazy. Why no one want to help me?” Sylvana (not her real name) told me.

Does this really reflect the experience of people from culturally and linguistically diverse backgrounds (CALDB) in our region? What does the MDS data show us about levels of access for this group?

Of course, we know that the MDS data does have some anomalies. For example the MDS for 2005-2006 reports over 1000 clients had an “unkown” country of birth. This is due in part to the fact that Meals on Wheels does not collect this data. Here are some figures about HACC services to people from CALD backgrounds (those born in non-English speaking countries) for our Northern Region, excluding Mackay.

The total HACC Target Population (HTP) for our region is 23,379

The percentage of the HTP who received services in our region 2005/6 was 54%. So we are hitting _ our target population in terms of numbers of clients.

4 in every 100 hundred clients in 2005-6 are from CALD backgrounds.

1 out of every 2 (45%) of CALDB clients receive more than 4 different service types from HACC.

1 in every 3 instances of assistance for CALDB people were for Assessment and Case Management in 2005/6.

9 out of every 100 hours of all HACC services to CALD people were for domestic assistance in 2005-6.

About 4% of CALD elderly do not speak English in our Northern region.

1 in every 10 people over 60 years old in our region in the general population is from a CALD background

In the Burdekin, about 16 in every 100 people over 60 are CALD.

In Hinchinbrook 30 in every 100 people over 60 are CALD.

In Kirwan alone, there were 74 (CALD) people over the age of 70 in 2001.

In Queensland around 9 in every 100 people receive the Disability Pension.

In Townsville Thuringowa, around 5 in every 100 people receiving a Disability Pension are from CALDB.

So it is clear from the figures for our Northern Region (excluding Mackay) that we have a big job to do.

Client Care Coordination funding can help you overcome the extra costs of using interpreters and the extra time it can take working with CALD clients and their families.



Percentage of HACC Clients Receiving Services Compared With the Total HACC Target Population for the Northern Region for the Period 2005-2006

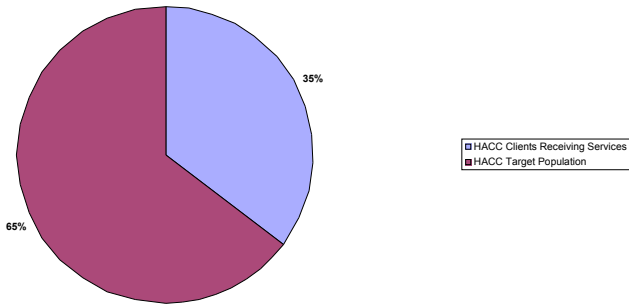


Figure 1 Percentage of HACC clients as a percentage of HACC Target Population (HTP), 2005 – 2006, for all countries of birth in the Northern Region (excluding Mackay).

So how can you plan for improving your access and equity performance?

You can take some of these figures and compare how your service compares with regional and state benchmarks. You can use this information to set performance indicators in your service plans.

You can contact your local Multicultural Advisor to help your service and its staff develop plans, set reasonable targets and develop strategies to help your service demonstrate access and equity principles and standards.

Contact Vicki, from MAS on 47287293 for assistance.

¹ The figures above are from the MDS report, the 2001 Census data and Centrelink and do not include the Mackay region.

Percentage of CALD Clients Receiving Services Compared With HACC Clients Receiving Services in the Northern Region for the Period 2005-2006

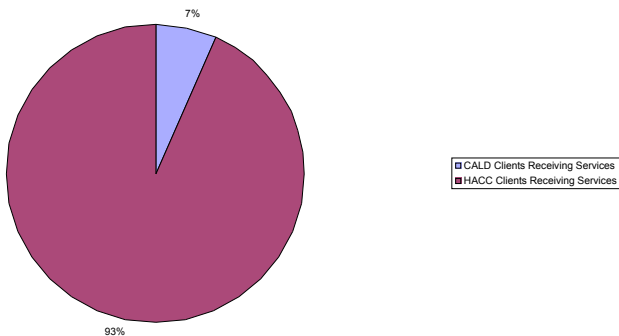


Figure 2 Percentage of HACC CALD clients (non-English speaking countries of birth only) who received HACC services between 2005 - 2006, excluding numbers "unknown" for the Northern Region (excluding Mackay).



Laughter is the best medicine

A Polish immigrant went to the DMV to apply for a driver's license. First, of course, he had to take an eye sight test. The optician showed him a card with the letters:
'C Z W I X N O S T A C Z.'

"Can you read this?" the Optician asked.

"Read it?" the Polish guy replied, "I know the guy."



Resources Corner

Through Diversicare's PICAC and Community Partners Program projects the following cultural profiles have been developed targeted at enhancing aged care staff knowledge of the various cultural groups as well as developing the professional competence of staff who seeks to provide culturally inclusive care. The cultural profiles are:

- Swiss
- Austrian
- German
- Chinese
- Russian
- Polish
- Tokelauan
- Samoan
- Papua New Guinea
- Greek
- German
- Fijian

Each Cultural Profile contains:

- Background information on the cultural group
- Information on range of topics e.g. Leisure and Recreation, Food and Diet, Religion etc.
- Language and Communication aids

Profiles are free. Use Diversicare's website – www.diversicare.com.au choosing 'Publications' on the left side of the page to see which profiles are free and you can simply download or which are at cost whereby you can download an order form.

Cultural Diversity Resource Directory – for Residential and Community Care Services – available free

Diversicare's has available limited stock of "Cultural Diversity Resource Directory – for Residential and Community Care Services" which was compiled in September 2004 by the PICAC project.

The Directory, divided into four sections: *Lifestyle, Legal, Management and Resources*, provides useful information about a range of multicultural resources (eg. books, articles, audio-video aids, services, education and training) on a variety of topics such as communication, health, cultural backgrounds, life-styles, management, standards of care etc. To obtain a copy call Diversicare on (07) 3846 1099.

Contact details

BRISBANE SOUTH

MAS Project Officer

Email Brisbane Diversicare

PO Box 5199

WEST END QLD 4101

Phone (07) 3846 1099

Fax (07) 3846 1107

SUNSHINE COAST

Katie Stirling

Email Sunshine Coast Diversicare

PO Box 779

NAMBOUR QLD 4560

Phone (07) 5476 2988

Fax (07) 5476 2944

TOWNSVILLE

Vicki Teleni

Email Townsville Diversicare

PO Box 881

Castletown

HYDE PARK QLD 4812

Phone (07) 4728 7293

Fax (07) 47627850

CAIRNS

Project Officer

Email Cairns Diversicare

PO Box 2429

CAIRNS QLD 4870

Phone (07) 40514715

