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Multicultural Advisory Service (MAS) and Partners in Culturally Appropriate Care Queensland (PICAC QLD)

Multicultural End of Life Forum What is good death? It is time we asked.

Access forum program and resources here

Metro South Health

Queensland Government

MultiLink Community Services Inc.

Somerville Funerals

Queensland Government Gold Coast Health

Welcome to Country – Uncle John Graham

Traditional Custodian of the Gold Coast region, a Kombumerri man, a saltwater man of the Gold Coast part of the wider Yugambeh language group.

www.yugambeh.com

Artist: Nicole Newly-Guivarra

Welcome to Country – Uncle John Graham

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Multicultural EOL Program

9:30am	Commence Event
9:35am	Welcome to County, Uncle John Graham
9:45am	Introduction, Jenny Hazlewood
10:00am	Multicultural Partnership, Lorella Piazzetta and Ana Sas
10:40am	Morning tea
11:00am	Panel discussions with Ritu Ahir, Jun Li and Kevin Heisner
11:40am	Cultural resources, Amanda Bowden
12:00pm	Tree of knowledge reflections
12:30pm	Lunch and network

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Ethnic Communities Council Queensland (ECCQ)

ECCQ is the voice of multicultural Queensland. Connected, listening and feeding back to community, governments and partners about the strengths and challenges faced by multicultural Queensland communities.

- Provides various training and supports for multicultural communities
- Delivers bicultural/bilingual health programs
- Delivers aged care training to communities through Multicultural Advisory Service (MAS)
- Supports Aged Care Services through the Partners in Culturally Appropriate Care (PICAC) program

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Ethnic Communities Council Queensland

Diversicare

- Community Care – in home support services
- Carer Support - Day Respite / Social support
- Volunteer Program – Community Visitors Scheme

Berlasco Inclusive Aged Care

- Multicultural residential aged care, 150 Central Ave, Indooroopilly
- Opens early December 2022

2021 Census Data

- 51.5% Australians born overseas or one parent born overseas

- 5.5 million Australians used a language other than English at home

- Over 300 languages spoken nationally

- Nationally the number of older CALD people will continue to increase due to immigration policies and shift in source countries

  e.g China, India, Philippines, Vietnam, Malaysia and Sri Lanka

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2021 Census Data
10 most commonly spoken languages by 65+ in Gold Coast

1. Mandarin
2. Cantonese
3. Spanish
4. Japanese
5. Korean

6. Serbian
7. Bosnian
8. Croatian
9. Italian
10. Russian

Source Ethnolink

ECCQ

Introductions

Lorella Piazzetta	Ana Sas
Senior Cultural Diversity Coordinator	Homecare Services Coordinator
Health, Equity and Access Team Strategic Partnerships – People, Engagement and Research Division	Aged & Disability Services
Metro South Health	MultiLink Community Services Inc.
Lorella.piazzetta@health.qld.gov.au	anas@multilink.org.au

Acknowledgment to Country

Today, we acknowledge the Traditional Custodians of the land on which this training taking place.

We pay our respect to Elders, past, present and future.

Thank You Uncle John Graham for

Welcome to Country.

An overview

- What is health equity?

- Who are our culturally and linguistically (CALD) communities?

- What are the issues for older people from culturally and diverse backgrounds?

- What is the 'Partnership'

- What have communities told us (the partners)?

- End of Life Directions for Aged Care Program (ELDAC)

- What is Best Practice?

- Resources

- Questions

Health Equity

Does treating everyone the same achieve the same health outcomes?

Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically'.
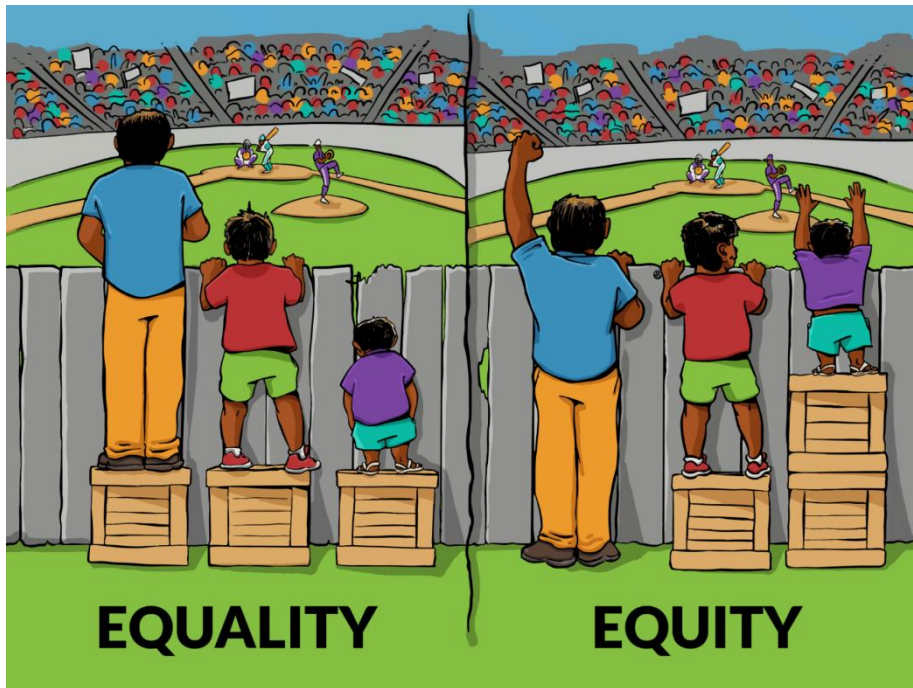
(World Health Organisation)

Health Equity

Does treating everyone the same achieve the same health outcomes?
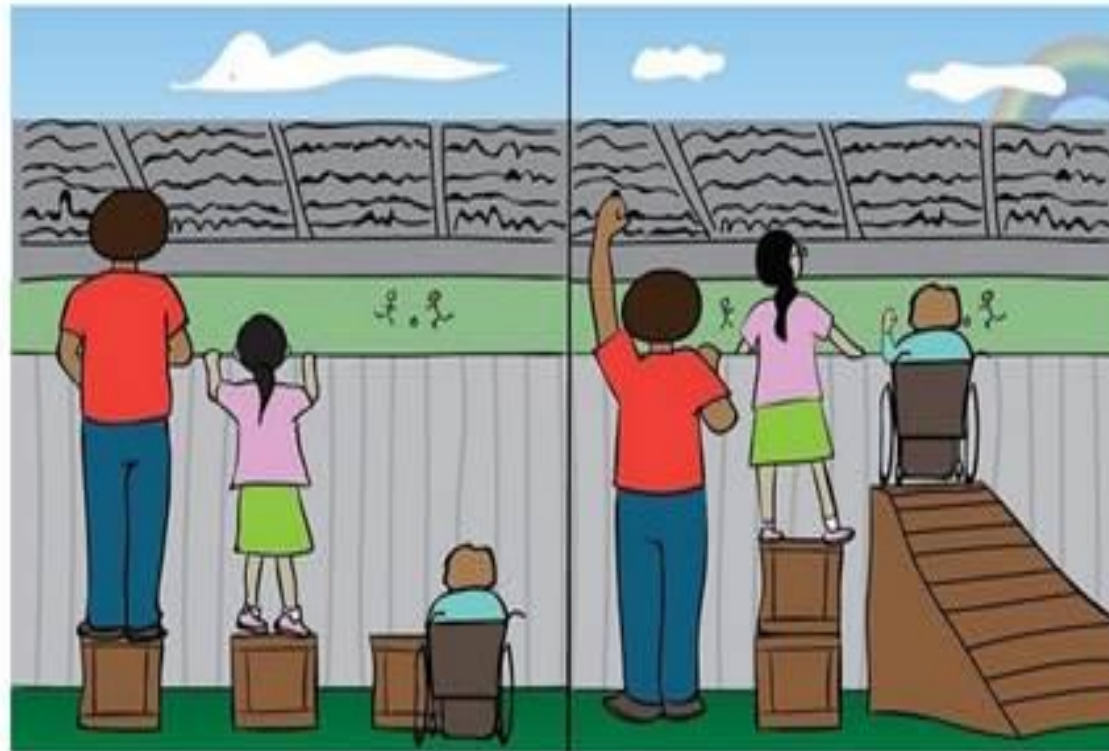
A version of the equality vs. equity picture that highlights the importance of inclusion of people with disabilities. Image courtesy Maryam Abdul-Kareem.

Health Equity

I treat everyone equally…………..
Anyone can use our service…………….

Does treating everyone the same, achieve the same health outcomes?

Health Inequity - Activity

What are some examples of health inequity factors?

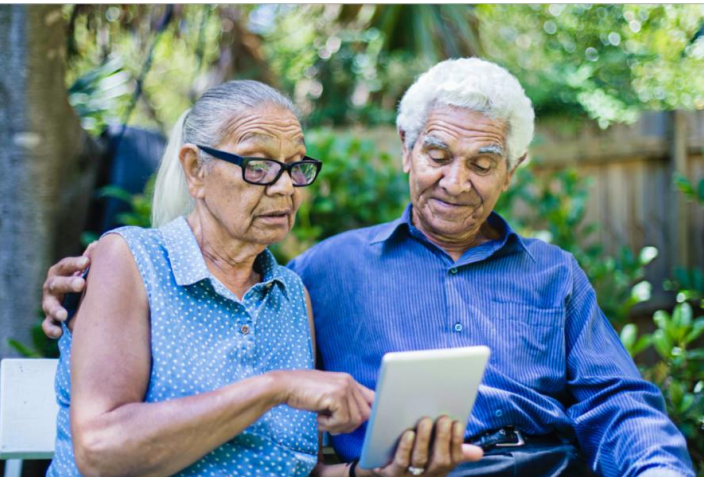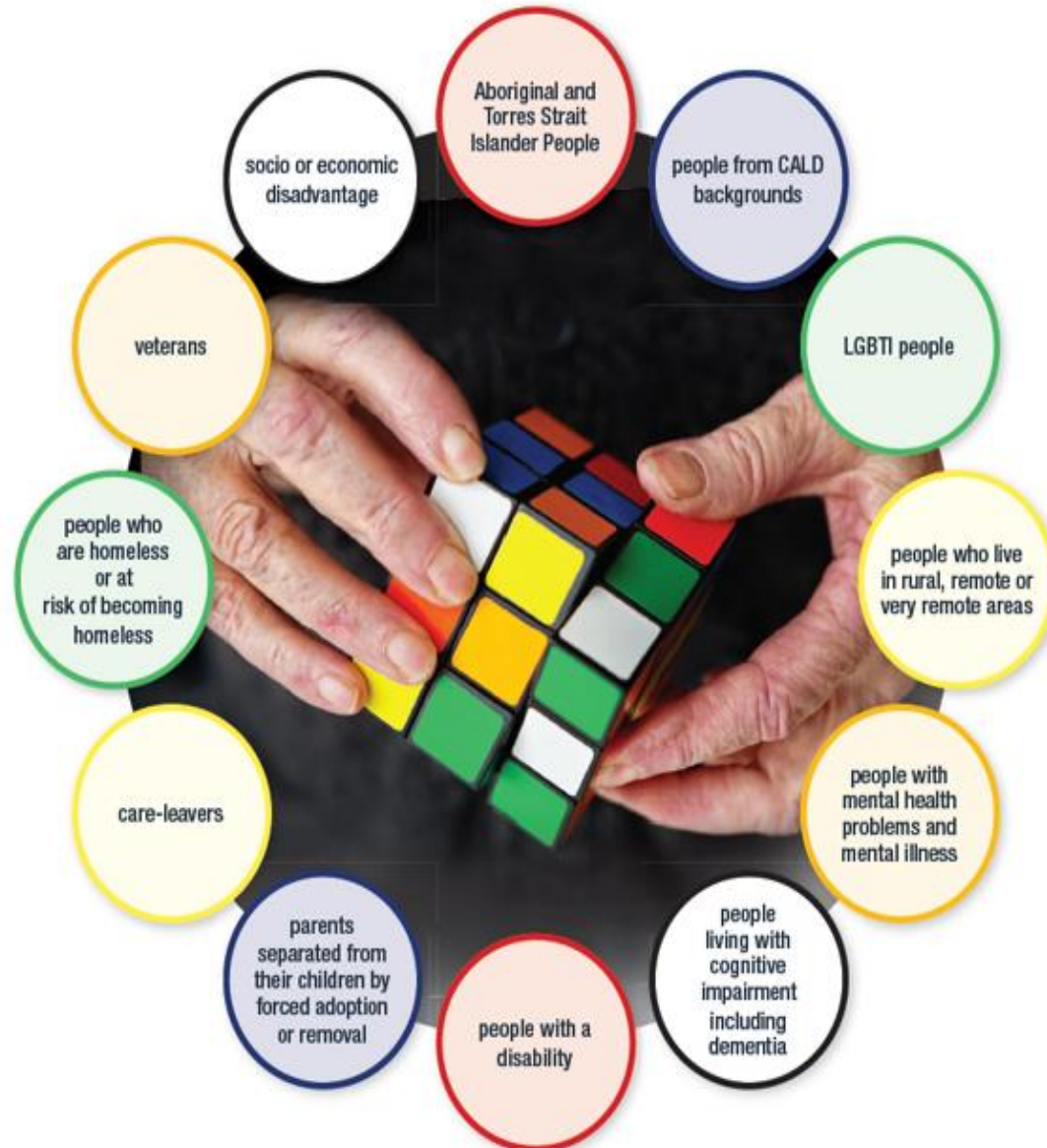Which groups in our broader community experience health inequity?

Health Inequity

9.1 YEARS
POOR AGED 73.8
RICH AGED 82.9

| Examples of health inequities factors	Groups in our community
Education status	Aboriginal and Torres Strait Islander peoples
Occupation and income	People with a disability
Employment status	People from a non-English speaking background, including refugees
Ethnicity (including Aboriginality)	People with mental health issues
Disability	Rural and remote
Housing	Homeless
Socio-economic status	Lesbian, Gay, Bisexual, Transexual, Intersex, Queer, Asexual (LGBTIQA +)

Older people and health inequities

All older people experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences.

- socio or economic disadvantage
- Aboriginal and Torres Strait Islander People
- people from CALD backgrounds
- LGBTI people
- veterans
- people who are homeless or at risk of becoming homeless
- people who live in rural, remote or very remote areas
- care-leavers
- people with mental health problems and mental illness
- parents separated from their children by forced adoption or removal
- people with a disability
- people living with cognitive impairment including dementia

Culturally and Linguistically Diverse Communities (CALD)

Non-homogenous

- *Immigrants and migrants*

- *People from a refugee background*

- *People seeking asylum*

- *Visa categories*

- *International students*

- *Deaf people*
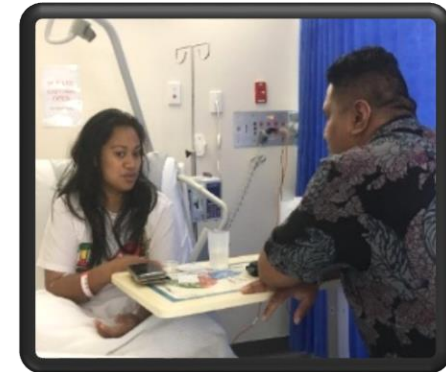
The 'Partnership'

Commenced in 2017 as part of MSH funding for Logan – multicultural health events

Worked and collaborated to plan and deliver:

- Multicultural Health Days (Logan)
- Targeted aged care and disability multicultural health day
- Multicultural Palliative Care workshop (Logan community)
- Interpreter training x 2 workshops on palliative care
- Faith and community leader information session – palliative care

Ongoing culturally and linguistically diverse focus to:
- Share information, resources and practice with commitment to working together going forward – particular focus on palliative care, end of life and older people and associated issues.
- Extend partnership, seek funding.

Data

Language spoken at home - Ranked by size

Gold Coast City - Total persons (Usual residence)	2021			2016			Change
Language (excludes English)	Number	%	South East Queensland %	Number	%	South East Queensland %	2016 to 2021
Mandarin	11,721	1.9	2.2	9,269	1.7	2.0	+2,452
Japanese	5,952	1.0	0.4	5,757	1.0	0.4	+195
Portuguese	5,153	0.8	0.4	2,381	0.4	0.2	+2,772
Spanish	5,002	0.8	0.7	3,132	0.6	0.6	+1,870
Korean	3,772	0.6	0.5	3,466	0.6	0.5	+306
Filipino/Tagalog	3,545	0.6	0.7	2,665	0.5	0.6	+880
Cantonese	3,353	0.5	0.7	2,989	0.5	0.7	+364
Punjabi	2,978	0.5	0.7	1,440	0.3	0.5	+1,538
Italian	2,382	0.4	0.4	2,393	0.4	0.4	-11
French	2,103	0.3	0.3	2,160	0.4	0.3	-57

export reset

Data

Religion - Ranked by size

Gold Coast City - Total persons (Usual residence)	2021			2016			Change
Religion	Number	%	South East Queensland %	Number	%	South East Queensland %	2016 to 2021
Western (Roman) Catholic	113,685	18.2	18.1	115,334	20.8	20.9	-1,649
Anglican	74,219	11.9	10.4	89,719	16.1	14.2	-15,500
Christian, nfd	19,586	3.1	3.2	17,174	3.1	3.1	+2,412
Uniting Church	17,890	2.9	3.2	21,776	3.9	4.5	-3,886
Presbyterian and Reformed	12,129	1.9	2.0	15,520	2.8	2.7	-3,391
Buddhism	9,061	1.4	1.7	8,793	1.6	1.8	+268
Pentecostal	8,281	1.3	1.4	8,569	1.5	1.5	-288
Baptist	6,893	1.1	1.8	6,822	1.2	2.0	+71
Hinduism	6,670	1.1	1.7	4,012	0.7	1.2	+2,658
Islam	6,088	1.0	1.5	4,400	0.8	1.2	+1,688
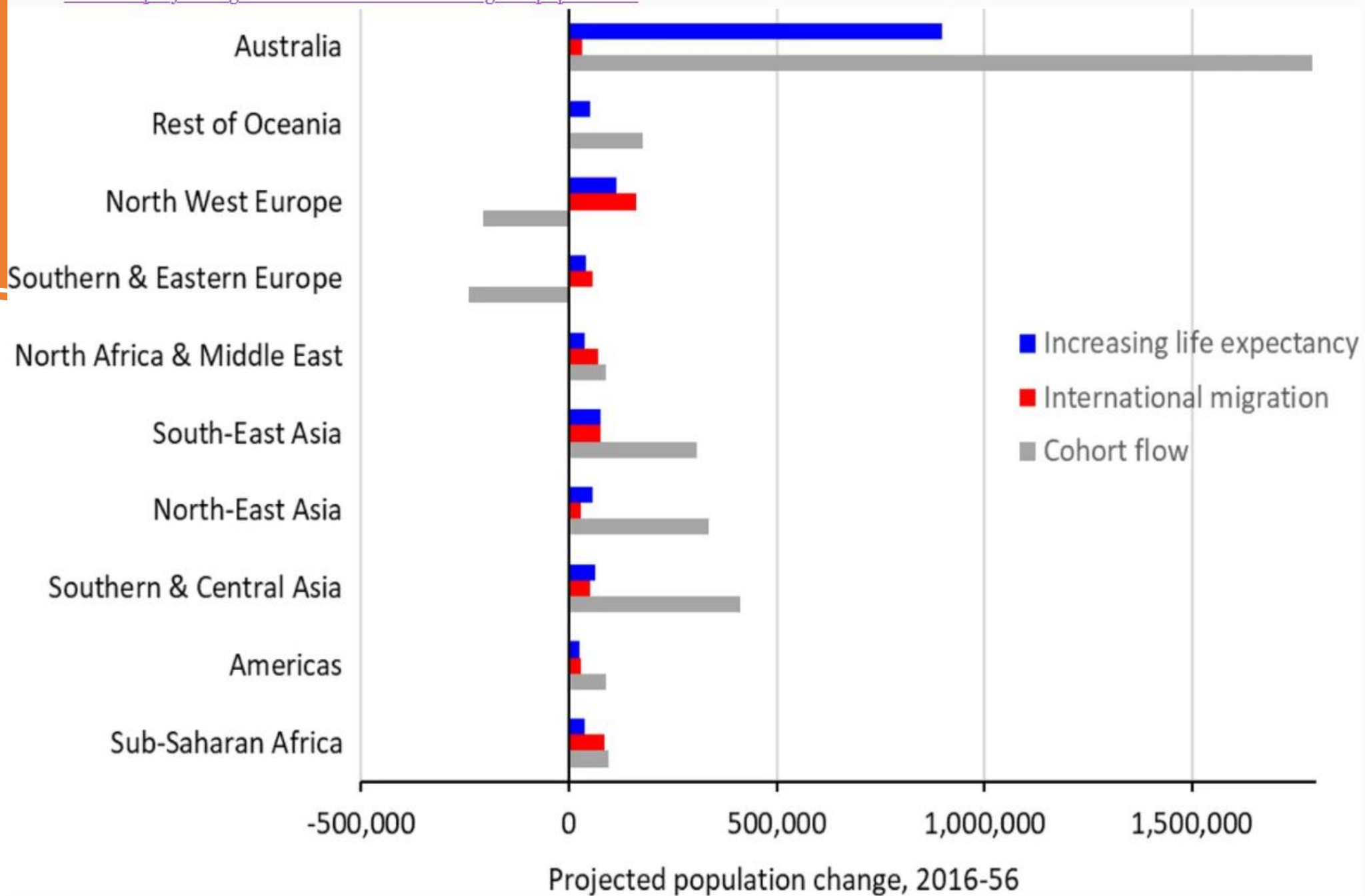
export reset

Data

Projected population change, 2016-56

Legend:
- Increasing life expectancy (blue)
- International migration (red)
- Cohort flow (grey)

Categories: Australia, Rest of Oceania, North West Europe, Southern & Eastern Europe, North Africa & Middle East, South-East Asia, North-East Asia, Southern & Central Asia, Americas, Sub-Saharan Africa

X-axis: -500,000 | 0 | 500,000 | 1,000,000 | 1,500,000

Data Implications

- Cohort flow

- Culturally appropriate care, including access and equity

- Addressing language and communication barriers

- Awareness of age related diseases

- Care options

- Culturally competent aged care workforce

- Community collaboration and codesign

- Research inclusion.

Issues for older people from CALD backgrounds

- Language and communication barriers (reverting back to native language)

- Social and cultural isolation

- Loneliness

- Depression, mental health (stigma)

- Cultural beliefs and expectations (accessing residential/aged care services, ethno specific vs generalist)

- Digital divide

- Health literacy and health experiences

- Lack of awareness of information, resources and available services

- Others (e.g., Post COVID-19, Elder abuse, domestic and family violence, disability, access to transport financial hardships etc.)

"Many of our older people are so lonely. Back home they could go out their front door and there was the local village......always someone to talk with. Here they stay in their house all day by themselves"

(Consumer)

Issues for older people from CALD backgrounds (aged care settings)

RESIDENTIAL AGED CARE

- Inconsistent or lack of culturally safe and responsive/inclusive care
    - in-language information and supports, accessing interpreters
    - maintaining cultural and religious connections
    - cultural and traditional foods
    - diverse needs (e.g. cultural activities)
- Trauma and resurfacing post-traumatic stress symptoms (long halls, small rooms, alarms)
- Multicultural workforce

COMMUNITY CARE

- Social and cultural isolation
- Language and communication providers (unavailability of certain languages)
- Scope of program and funding e.g., person wishing to attend their faith center
- Other common barriers e.g., financial hardships.

Stories

Maria (Residential) (Jewish, 87 years of age)	Luis (Community & Residential) (Spanish 88 years)

End of life and palliative care context

- Cultural beliefs (including taboos) and expectations

- Language and communication

- Healthcare experiences and literacy

- Lack of information e.g., Wills, Enduring Power of Attorney, Advanced Care Plans

- Autonomy vs family expectations and decision making (e.g. family hierarchy)

- Starting or having the conversations.

What did people tell us? (partners)

Series of initiatives (workshops, training for interpreters on palliative care and self care) - Summary reports

- Importance of starting the conversations – sensitively, safe environment

- Support is needed for discussions including people from all cultures

- Choices available for end of life and palliative care

- More information and community education e.g. Wills, Enduring Power of Attorney, funeral costs, Centrelink payments

- Importance of faith and cultural beliefs in their end of life

- Culturally responsive health and aged care services

- Culturally appropriate resources

- Training for interpreters and faith leaders.

"This is really good information."

"We find it hard to talk about it in our community – but we need to."

"Something clicked in my head when you were talking – I want to know more."

"Thank you so much – this is very important."

"Your words were very powerful – can you come again to talk more to us?"

"We didn't know we had a choice – the fear of going to a hospital to die overshadows us getting information."

Some strategies to 'start the conversation'

Series of initiatives (workshops, training for interpreters on palliative care and self care) - Summary reports


- Information presentation – Professional information (Centre for Palliative Care Research, MSH, Public Trustee Office, Wills, Enduring Power of Attorney)

- Stallholders e.g. Carers Qld, Palliative Care Qld

- Facilitated table discussions

- Group conversations.

Cultural considerations – what people wanted?

Religious

- Last rites, anointment by pries
- Hymns in background/gospel music
- Pastor reading Bible
- Chanting mantras
- Ask for forgiveness and recite Koran
- Communion
- Listening to preaching and worship songs
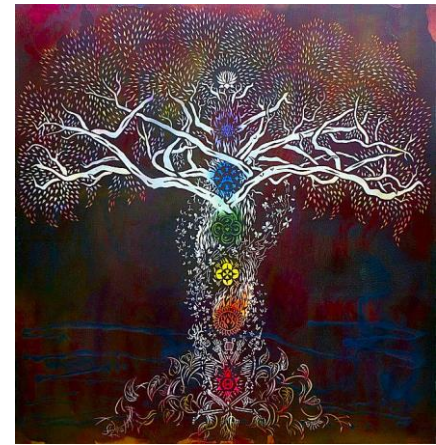
Spirit leaves ready and happiness, smile, feel the release, free and happy

Cultural considerations – what people wanted?

Emotional:

- Surrounded by family
- Privacy
- Dignity to choose – voice my wants and be HEARD
- Hear memories from happy childhood
- Bring peace to myself by sorting out unresolved conflicts
- Celebrate my life
- Opportunity to remain at home.

Relaxing music, essential oils, kisses/hugs/cuddles – lie in someone's arms

MultiLink Community Services

Who are MultiLink Community Services?

- Based in Logan with over 150 staff
- Delivers culturally accessible and relevant services
  - Aged Care and Disability Services
  - Employment & Training Services
  - Settlement Services
  - Youth Services
  - Community Support Services
  - Financial Wellbeing Services
  - Community Action for A Multicultural Society (CAMS)

Many other initiatives...........

End of Life Directions for Aged Care Program (ELDAC) – MultiLink Community Services

What is ELDAC?

End of Life Directions for Aged Care (**ELDAC**) is a national specialist palliative care and advance care planning advisory service.

A telephone and web-based navigation service will help aged care workers, nurses and GPs to find information about end of life care and relevant local or regional services.

End of Life Directions for Aged Care Program – MultiLink Community Services

MultiLink has:

- Attended 'Working Together' Meeting (*Nov 2019*)

- Conducted our workforce survey

- Developed an analysis report from this information

- Utilised the 'Partnership Analysis Tool'

- Identified priority actions for within our Aged Care and Disability Services

- Conducted an 'After death' review

- Participating in the PEPA placements

- Identified Champions within our workforce.

End of Life Directions for Aged Care Program – MultiLink Community Services

MultiLink has:

- Incorporated Advanced Care Planning into our everyday service delivery

- Upskilled the workforce via training of staff

- Embedded ELDAC training into the Organisational Induction - which is now delivered to new intakes of staff and yearly via a training reminder to all Aged Care staff.

What MultiLink has achieved:

- Working collaboratively together with other Palliative Care organisations

- Established a Linkage Worker (clinical staff) within our workforce to collaborate with Metro South Palliative Care and other partners

- Created a competent workforce (support workers) who can support quality End of Life services for customers from CALD backgrounds.

End of Life Directions for Aged Care Program – MultiLink Community Services

Learning and reflections

- Improved confidence and enhanced knowledge to have sensitive conversations with consumers and their families. Talk about the primary importance of planning and subtly introduce the concept of 'End of Life' discussions when providing information about the Advance Care Planning (ACP).

- Increased insights of various cultures and how they do and do not wish to have conversations around planning for the end of life and how many consumers from CALD background do not have an ACP in place.

End of Life Directions for Aged Care Program – MultiLink Community Services

- Improved appreciation and understanding about the challenges which people from CALD background are facing when the ACP information has not been provided in their own language, or that they may not be able to comprehend the information provided (illiterate or reduced health/medical terminology literacy).

- Ultimately with increased knowledge comes choice to make informed decisions!

Best Practice……..where to from here?

- Individual and organisational cultural capabilities/ culturally responsive/ safe care and skills to have the conversations as needed

- Organisational equity audits

- Governance and accreditation standards

- Accessing and working with Interpreters

- Relationships and **partnerships**

- "Not one size fits all" and health equity for all.

Any questions?

Thank you

Panel discussion
What is a good death? It is time we asked.

Ritu Ahir from the Brisbane Punjabi community

Jun Li from Invocare, Funeral Services

Kevin Heisner from Gold Coast Hospital

Cultural Resources

Amanda Bowden PICAC QLD

Resources

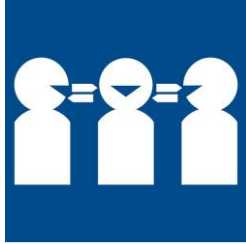## Supporting culturally appropriate end of life care

Amanda Bowden, PICAC

Resources supporting end of life care

- Resource flyer with QR code

- Informing others and informing ourselves

Interpreters and Translations

The Translating and Interpreting Service (TIS National)

The Australian Government Department of Health and Aged Care is offering free translation services to help aged care providers communicate with older Australians in their preferred language.

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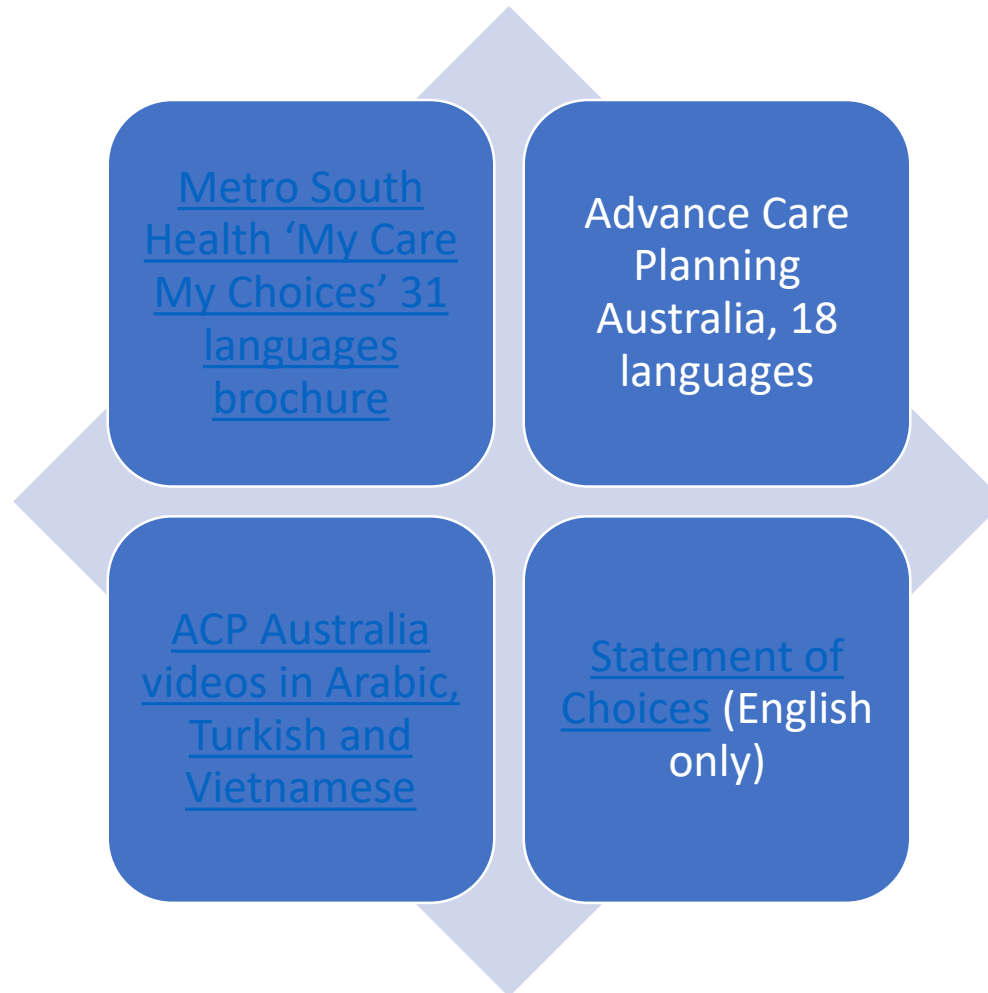# Organisational Level
ELDAC (End of Life Directions for Aged Care)

Advance Care Planning: Translated Resources

Metro South Health 'My Care My Choices' 31 languages brochure

Advance Care Planning Australia, 18 languages

ACP Australia videos in Arabic, Turkish and Vietnamese

Statement of Choices (English only)

My Care, My Choices

If you were suddenly injured or became seriously ill, how would the medical staff know what your health care wishes are?

Empower yourself to plan for your future health care

mycaremychoices.com.au

OACP
Statewide Office of Advance Care Planning

ECCQ

Palliative Care: Translated Resources

Palliative Care Victoria: 20 languages

Palliative Care Australia: 'It's more than you think' campaign (10 languages)

Health Translations Victoria (Advanced Search)

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Bereavement Support

Clinical Excellence Queensland (Qld Health)

- ماذا تفعلون عند وفاة أحد الأشخاص *PDF 710KB)
  Arabic language resource.

- * 有人去世时该怎么办 (PDF 902KB)
  Simplified Chinese language resource.

- * Nên làm gì khi có người qua đời (PDF 641KB)
  Vietnamese language resource.

You as a resource for professional culturally appropriate care

Continually examining our own cultural assumptions

ECCQ

Tree of Knowledge Reflections

Rhee Duthie MAS

ECCQ and Partners

Thank you

Questions and comments?

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