| **Goal** | **Action** | **Status\*** |
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| **1. CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive.** | **Action area 1.1:** Establish and use existing CALD consultative mechanisms on an ongoing basis to engage on the breadth of aged care issues, as well as on enabling mechanisms such as communications strategies.  Examples to date include:   * The Reform Information Section (RIS) expanded membership of the Aged Care Sector Committee (ACSC) Communications and Engagement Advisory Group to include representation by Rosa Colanero (CALD Working Group). * FECCA was funded to establish a stakeholder consultation and input mechanism: Healthy Ageing Reference Network (HARN). * Consultative mechanisms that have received CALD input to the development of ageing and aged care policies and programmes:   + CALD Aged Care Strategy Working Group   + National Aged Care Alliance Advisory Groups: * Assessment (Gateway) * Home Care Packages Working Group * Quality Indicators Reference Group * Home Care Reform Advisory Group * Commonwealth Home Support Programs (CHSP) Advisory Group * Aged Care Gateway Advisory Group * The Department organises the CALD Working Group meetings on a regular basis. |  |
| **Action area 1.2:** Include and support CALD sector advocates in ageing and aged care program development and review consultative mechanisms, including discussions regarding implementation of aged care reform.  Examples to date include:   * CALD Working Group members were invited to give input to:   + National Aged Care Advocacy Programme review.   + Dementia review.   + Diversity-focused elective modules for My Aged Care training package. * CALD service providers were invited to:   + attend aged care sector briefings in March and April 2015.   + attend Commonwealth Home Support Programmes (CHSP) roadshow 2014.   + give input to Discussion Papers eg CHSP, Increasing Choice in Home Care and Short-Term Restorative Care Program Policy. * HARN has conducted grass roots consultations with CALD people in metro and rural/regional areas. * CALD representation on the Aged Care Sector Committee’s Communications and Engagement Advisory Group will contribute to discussions about communications and engagement matters relevant to the implementation of recent and upcoming aged care reforms. * The Department attends each National Aged Care Alliance meeting to provide an update on the implementation of aged care reforms. * The CALD Working Group has regular feedback sessions with My Aged Care and the team implementing the Increasing Choice in Home Care reform. |  |
| **Action area 1.3:**Develop initiatives in dementia assessment/early diagnosis services, acute care, respite care and palliative care that are inclusive of and responsive to the needs of older people from CALD backgrounds.  Examples to date include:   * Dementia assessment and early diagnosis is one of the key deliverables for the new National Dementia Training Program. People from CALD backgrounds people are one of the priority groups for this Program. * Through the Dementia and Aged Care Services Fund, the Department funds two dementia assessment, early diagnosis and management grants. People from CALD backgrounds CALD will benefit from these projects. * Initiatives that address dementia assessment/early diagnosis services include:   + National Cross Cultural Dementia network established by FECCA and Alzheimer’s Australia   + National Dementia Hotline has access to Translating services; factsheets in 32 languages; dementia focused NCAN newsletter 9/2014   + WA DBMAS developed 'Speaking my language kit'   + Alzheimer’s Australia social media videos and radio commercials in a range of community languages. * Assessment, early diagnosis and care resources developed by the Dementia Training Study Centres and Dementia Behaviour Management Advisory Services are inclusive of, but not specific to, CALD communities. * National Palliative Care Projects (NPCP)(2014-2017) include workforce training components on understanding the palliative care needs of diverse populations. * Palliative Care Australia (PCA) is funded as a peak national organisation for palliative care and end-of-life issues. The PCA website provides brochures in 12 community languages. PCA participated in FECCA-NARI Roundtable March 2016. |  |
| **Action area 1.4:** Increase awareness and understanding of Advance Care Planning among people from CALD backgrounds.  Examples to date include:   * Multicultural Communities Council SA were funded to develop an information package about palliative care, advanced care planning, wills & estates, and powers of attorney * National Palliative Care Projects (NPCP)from 2014 to 2017 provided for and influenced the delivery of CALD appropriate aged care models, including palliative care and end-of-life decision making for individuals, and their families and carers. * Commonwealth funded projects that developed resources include: CareSearch website, Decision Assist website, online religious and cultural advance care planning resource. * Respecting Patient Choices (RPC) project funded Austin Health to improve access to advance care planning for people with dementia, from non-English speaking backgrounds and through innovative technologies. The major activities of the RPC project are:   + National Approach to Consumer Needs - Knowing What Matters   + National Access to Advance Care Planning Through Innovative Technologies   + Dementia in the Community - The Capacity for the Conversation.   + The My Health Record team has spoken with the CALD Working Group, including a discussion about Advanced Care Planning; however, key communication activity to be directed at the broader aged care sector has not yet occurred |  |
| **Action area 1.5** Inform the Aged Care Sector Committee on this Strategy to help ensure alignment with the implementation of aged care reform activities.  Examples to date include:   * ACSC Communications and Engagement Advisory Group has previously sought input from the CALD Strategy Working Group. * The Aged Care Sector Committee is briefed on progress with implementing the National Aged Care Quality Indicator Programme. |  |
| **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.** | **Action area 2.1** Develop, deliver and promote appropriate multilingual information and education through a whole of department CALD communication framework in order to raise awareness of the full range of aged care and support services and facilitate informed choice of services.  Examples to date include:   * My Aged Care (the single point of entry to the Aged Care system) provides information for CALD people, including 9 fact sheets translated into 18 languages. * The Partners in Culturally Appropriate Care (PICAC) Programme supports older CALD people, their families and carers to understand and access aged care services. * PICAC includes My Aged Care CALD Accessibility Project, operated by the NSW PICAC provider. * The Victorian PICAC, Centre for Cultural Diversity in Ageing, operates a national website which hosts and links to multicultural resources for service providers and individuals. * Communications and Media Branch developed promotional materials for My Aged Care which include audio-visual CALD case studies for media campaigns in 2014, 2015 and 2016. * The Reform Information Section has facilitated the delivery, publication and promotion of appropriate multilingual information and education through different communication channels including the department's website, the My Aged Care website and the Information for Aged Care Providers newsletter. These include:   + promotion of the availability of the Charter of Care Recipients' Rights and Responsibilities in residential care and home care available in 18 commonly used languages in Australia   + promotion of the availability of the Translating and Interpreting Service for contacting the My Aged Care contact centre to access information about services, eligibility, assessment and referrals and costs.   + provision of a translation function for the consumer-focused My Aged Care Website to make information available in their language.   + the promotion of translated Complaints Commissioner resources   + the distribution of the My Aged Care Brochure in 10 different languages   + the distribution of the My Aged Care A3 Poster in 10 different languages * The Home Care Packages section has included contact details for the Translating and Interpreting Service with each of the recent Increasing Consumer Choice letters sent out to a range of older people who have been assessed or who are awaiting assessment for a Home Care Package * Two resources (The Overview and The Guide to improve aged care access for your community) were made available on the Department of Social Service’s website in August 2015 to support the development of competitive ACAR applications focused on the needs of emerging CALD communities. These resources were translated into 10 languages. * Home Care Package literature and support materials are published in CALD languages. * COTA was funded to develop a guide to Home Care Packages and Consumer Directed Care which has been translated into 11 languages. * The National Aged Care Quality Indicator Programme information is expected to be translated into other languages. |  |
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| **Action area 2.2** Review on an ongoing basis the National Aged Care Advocacy Programme (NACAP) to include an emphasis on promoting, supporting and maximising access to advocacy for older people from CALD backgrounds, their families and carers.  Examples to date include:   * NACAP funding was increased by 20% in 2013 to meet demand for information about advocacy services for special needs groups, including people from CALD backgrounds. * A review of Commonwealth aged care advocacy services was undertaken in 2015. The final report for the review is available at *https://agedcare.health.gov.au/support-services/aged-care-advocacy/review-of-commonwealth-aged-care-advocacy-services-final-report* * A key finding from the review is the development of a National Aged Care Advocacy Framework. Within this framework there will be a focus on ensuring individual advocacy services are accessible to and appropriate for people from special needs groups, including those from CALD backgrounds. * The Department will be consulting with key stakeholders to develop the Framework, including CALD stakeholders. |  |
| **Action area 2.3** Support aged care providers to take into account cultural, linguistic and spiritual diversity and needs when involving family members, carers and personal advocates in decision-making in consumer directed care environments.  Examples to date include:   * Home Care Today funded by the department has developed the resource Changes to Home Care Packages: Implications for Governance to assist providers to identify key issues and risks so that boards can take a systematic and strategic approach to future planning. This includes providing care for older Australians with diverse needs. * The PICAC Program provides training to, and develops partnerships with, aged care providers. * Aged Care Service Improvement and Healthy Ageing Grants funded 24 activities to educate providers on CALD issues and 9 activities to develop resources for providers. * ACSIHAG Round 3 funded Meaningful Ageing Australia to develop National Guidelines for Spiritual Care in Aged Care. Ethno-specific aged care providers and organisations such as FECCA were amongst the stakeholders from which input was sought during the consultation period. The Guidelines were launched in August 2016. * Consumer Directed Care (CDC) has been introduced in the delivery of Home Care Packages. * Home Care Packages Programme training for providers promotes CALD people as a special needs group. * The Home Care Today website provides resources and information to support diverse groups. * As part of the National Aged Care Quality Indicator Programme, aged care providers are supported to actively engage CALD care recipients in pilots of quality indicators in residential and home care. * The Translating and Interpreting Service (TIS National) is being promoted to service providers. |  |
| **Action area 2.4** Continue to develop, support and resource innovative programs and projects addressing the goals of this Strategy and identified emerging issues, currently through Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG) and any new funding programs.  Examples to date include:   * Between 1 July 2012 and 30 June 2017, ACSIHAG funding rounds will have funded 76 projects at a total cost of $28,240,156 (ex GST) * In 2015, ACSIHAG was redesigned and renamed the Dementia and Aged Care Services (DACS) Fund. Activities previously supported by ACSIHAG will now be funded through the DACS Fund, commencing with the first DACS round which closed in December 2016. From this round, DACS Grant Opportunity 2 targeted “better support for services targeting people from diverse backgrounds”, with a particular focus on developing technology-based solutions to:   + Inform and educate people from Indigenous and CALD backgrounds about dementia, to avoid delayed diagnosis;   + Increase the awareness and understanding of planning for ageing (including advanced care planning) for special needs groups, their families and carers; and   + Provide support for consumers to receive culturally competent care to ensure special needs groups achieve health outcomes similar to those of other consumers |  |
| **Action area 2.5** Acknowledge and resource the role of ethno-specific and multicultural services in developing the capacity of people from CALD backgrounds to access the aged care system.  Examples to date include:   * ACSIHAG Rounds 1-3 funded 41 ethno-specific organisations and 19 multicultural organisations to develop consumer education, resources, networks, media resources, and carer support systems. * The PICAC programme, consisting of multicultural organisations, is funded to develop the capacity of CALD people to access the aged care system, and the capability of aged care providers to deliver care appropriate to the needs of older CALD people. |  |
| **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.** | **Action area 3.1** Ensure that My Aged Care delivers culturally and linguistically appropriate services. This includes through language services and various communication mediums. Where limitations exist, consideration will be given to alternate measures to achieve access.  Examples to date include:   * To ensure that My Aged Care delivers culturally and linguistically appropriate services:   + My Aged Care workforce, including contact centre and assessors, receive mandatory training in communicating with people from culturally and linguistically diverse backgrounds   + Information on the My Aged Care website is available in 9 facts sheets which have been translated into 18 languages.   + Access to TIS National interpreting services has been expanded in a 2016-17 MOU between the Department of Health and the Department of Immigration and Border Protection to ensure consumers of Residential Aged Care Services, Home Care Packages, CHSP, Short-Term Restorative Care, NACAP, the Continuity of Support Program, and other Australian Government-subsidised aged care services had access to interpreting services (with some limitations)   + Promotion of the TIS National service through the contact centre, website and publications. * Two of nine case studies on the My Aged Care website feature older people with CALD backgrounds. * Service providers can indicate on My Aged Care if their services are CALD inclusive. * The mandatory cultural training module for the My Aged Care workforce is being reviewed to include more diversity scenarios, including those relating to older CALD people. * The Diversity elective module is subject to ongoing review – CALD Working Group participants have been offered an opportunity to review and suggest changes. * Funding has been allocated to identify barriers to access for CALD people and to work with Health Direct and Stellar to implement solutions (the PICAC My Aged Care CALD Accessibility Project). The CALDWays conference is a regular meeting organised by the NSW PICAC to facilitate this collaboration * The alternative measure of having face-to-face assessments from the Regional Assessment Services (RAS) is available to support people with language difficulties. |  |
| **Action area 3.2** Address the barriers that can reduce the capacity of older people from CALD backgrounds, their families and carers to access aged care services and to receive appropriate care, in specific planning and allocation processes.  Examples to date include:   * The Aged Care Approvals Round (ACAR) Support Project developed resources to assist CALD community groups to compete in the 2015 ACAR. These are available on the Health website at <https://agedcare.health.gov.au/older-people-their-families-and-carers/people-from-diverse-backgrounds>. * Home Care Reform and Sector Engagement Branch has been working to support both providers and consumers with the implementation of consumer centric service delivery. This support includes translation of the Rights and Responsibility Charter for consumers which is attached to the Home Care Agreement. The Translation and Interpreting Service (TIS) has been funded to support providers with the conversations required in discussing and agreeing a Home Care Agreement and a care plan. * The PICAC My Aged Care CALD Accessibility Project investigates barriers that exist for people from CALD backgrounds seeking to enter the aged care system (particularly in regards to My Aged Care) |  |
| **Action area 3.3** Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older people from CALD backgrounds, to minimise social isolation of people receiving aged care.  Examples to date include:   * CVS funding increased 20% in 2013 for Special needs groups. * 40% of CVS auspices are ethno-specific organisations |  |
| **Action area 3.4** Develop and implement options to improve and expand the coverage of translation and interpreting services throughout the aged care system.  Examples to date include:   * Translation and interpreting services have been expanded to include CHSP. * Fact sheets promoting how to use TIS services are available for Home Care Package and CHSP. * The mandatory My Aged Care workforce training includes YouTube clips to demonstrate how to use interpreting services effectively.   See 3.1 for more information about the expansion of TIS National services |  |
| **Action area 3.5** Promote the availability of language services, to CALD communities and recipients of aged care.  Examples to date include:   * The Department has facilitated the development, publication and promotion of a range of resources to inform consumers about support available, including the availability of language services, such as:   + tailored support to help people with diverse needs (including people from CALD backgrounds) via the My Aged Care helpline   + the Translating and Interpreting Service   + the consumer resources include the 'Five steps to entry into an aged care home' and 'Five steps to accessing a Home Care Package' booklets and the "Finding the aged care services that are right for you" DL brochure.   + See 2.1 for more information about increased notification for consumers of aged care about the availability of interpreting services   + Outgoing aged care communications are promoting the availability of language services on an increasingly regular basis – letters informing consumers about February 2017 reforms included contact details for TIS National in the languages used by the service. * FECCA and PICAC organisations have actively promoted TIS National services via SBS radio, newsletter and media interviews and information sessions, and regularly advise their target groups of the availability of this service |  |
| **Action area 3.6** Promote carer specific information to aged care services, CALD communities, carers and recipients of aged care to generate a greater awareness and understanding of the roles of carers as partners in care and continue services that support carers of older people from CALD backgrounds.  Examples to date include:   * FECCA was funded for a CALD Carers project, operating in conjunction with Carers Australia. The December 2014 edition of NCAN News, a bimonthly electronic newsletter, was dedicated to carer issues and carer stories were included in other editions. * Nine carer support activities with a strong CALD focus have been funded under ACSIHAG. The following current activities commenced in 2014-15 (and are due to cease on 30 June 2017) and are aimed at providing support for older people from CALD communities and their carers (the agreements are managed by the Department of Health, with policy authority and management of other carer-focused activities now consolidated within the Department of Social Services):   + Multicultural Centre for Women’s Health – Dealing with it Myself (Education and Support for CALD Working Carers)   + Greek Orthodox Community of St George Brisbane – Mazi (Together) Project   + Co.As.It Community Services – Avoiding Carer Fatigue   + Multicultural Communities Council of Illawarra – Shoalhaven Carers Support Program for CALD Communities |  |
| **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.** | **Action area 4.1** Recognise members of all Special Needs groups, including people from CALD backgrounds, within the Quality of Care Principles 1997 which encompasses the Accreditation Standards, Community Care Common Standards and Flexible Care Standards and support the aged care sector in understanding how older people from CALD backgrounds fit within these accreditation frameworks.  Examples to date include:   * Care recipients from CALD backgrounds are protected under the Standards, in particular, Accreditation Standard Three – Care Recipient Lifestyle. The Principle of this Standard is that ‘Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential service and in the community’. * Work has commenced on reviewing the current four sets of aged care standards to develop a single set of quality standards. * It is anticipated that the revised standards will emphasise how each individual’s preferences are being met and references to special needs groups will be incorporated in materials that support the standards. * The Department is anticipating that consultation on a draft set of standards will be conducted in 2017 * The Department will inform the aged care sector of the requirement to deliver culturally appropriate care under the accreditation framework. * The PICAC programme supports aged care providers to deliver culturally appropriate care to older people from CALD backgrounds. |  |
| **Action area 4.2** In the development of aged care quality indicators, specific mechanisms will be developed to be reflective of appropriate care for CALD clients.  Examples to date include:   * The views of people from CALD backgrounds are represented on the National Aged Care Alliance Quality Indicators Reference Group by a member of the Federation of Ethnic Communities' Councils of Australia. |  |
| **Action area 4.3** Support and monitor the development and implementation of dementia services to help ensure that they are particularly responsive to cultural values and understandings.  Examples to date include:   * KPMG conducted a review of government funded dementia programmes to improve coordination and national alignment. CALD Working Group members were invited to provide input to the review. The final report was released in September 2015 and is available on the Department of Health website at <https://agedcare.health.gov.au/older-people-their-families-and-carers/dementia/analysis-of-dementia-programmes-funded-by-the-department-of-social-services-final-report> * The Department has recently engaged a national provider for the Dementia Behaviour Management Advisory Services (DBMAS) and Dementia Training programmes. Both programmes are required to ensure services are tailored and appropriate to people with special needs, including people from CALD backgrounds. * The SA & NT Dementia Training Study Centre presented a one-day workshop in partnership with Multicultural Aged Care which aims to encourage best practice in the care of people living with dementia from CALD backgrounds. * The WA Dementia Training Study Centre was funded to undertake the ‘*Developing Cultural Competence within a multicultural residential aged care workforce’* project to develop an audit tool to measure the cultural competence of individual residential aged care facilities. * The Aged Care Quality Agency will continue to monitor the delivery of culturally appropriate dementia services. * A number of projects (including PICACs) have been funded to deliver CALD specific dementia behaviour management resources and training for staff in residential and community aged care. * Alzheimer’s Australia continues to provide dementia related information to meet the needs of people from CALD backgrounds and has translated materials in 31 languages. |  |
| **Action area 4.4** Work with organisations funded to improve the interface between the health and aged care sectors to address specific barriers encountered by CALD communities in receiving seamless care services. |  |
| **Action area 4.5** Ensure that the Aged Care Complaints Scheme is promoted to CALD communities and accessible by older people from CALD backgrounds, their families and carers, including through the use of bilingual workers, interpreting and translating services.  Examples to date include:   * The Aged Care Complaints Scheme has undertaken a range of activities to promote the availability of the service to care recipients and their families from CALD backgrounds. These include translated material to support access to the Scheme. * Aged Care Complaints Commissioner’s website ([www.agedcarecomplaints.gov.au](http://www.agedcarecomplaints.gov.au)) has:   + 5 guides for aged care staff on handling complaints translated into Hindi, Italian, simplified Chinese, traditional Chinese and Tagalog   + brochure, poster and fact sheet for consumers translated into 16 community languages. * The Aged Care Complaints Scheme Intake Team has been provided with procedures explaining how to utilise the Translating and Interpreting Service (TIS) when liaising with CALD clients. |  |
| **Action area 4.6** Work with the CALD sector, including consumers and service providers, to develop and provide cultural competency training for promotion and incorporation into all aged care services.  Examples to date include:   * PICAC organisations equip aged care service providers to deliver culturally appropriate care to older people from CALD backgrounds through the provision of resources and training. * ACSIHAG/DACS projects have supported cultural competency development for:   + Providers, through:     - Development of collaborative networks (5 projects)     - Development of resources (9 projects)     - Provision of education including consultancy, workshops and certified training (24 projects)   + Consumers, through:     - Development of collaborative networks (5 projects)     - Development of resources (13 projects)     - Providing education (36 projects) |  |
| **Action area 4.7** Work with other government departments and agencies to develop appropriate education and training to enhance CALD aged care workforce skills.  Examples to date include:   * A nationally accredited unit of competency titled “Work with diverse people” is a core unit in the Certificate III in Individual Support, a nationally recognised qualification covering aged care work. * My Aged Care training materials are being updated to include more diversity scenarios in core units. * Under the Aged Care Workforce Fund (subsequently the Aged Care Workforce Development Fund), funding was provided between 2011 and 2015 for the delivery of nationally recognised accredited training, including cultural competencies, to aged care workers between 2011 and 2015. |  |
| **5. Enhance the CALD sector’s capacity to provide ageing and aged care services.** | **Action area 5.1** Expand options to enhance the capacity of existing and emerging CALD communities as potential aged care service providers, and to develop services across the aged care continuum inclusive of dementia and respite care.  Examples to date include:   * An overview document and guide to assist CALD communities and other stakeholders understand the Aged Care Approvals Round (ACAR) process has been developed. * In 2014 forums were held in South Australia to assist CALD specific organisations funded under Home and Community Care and the National Respite for Carers Programme understand their contractual obligations as aged care service providers. * Departmental staff across the Health State Network have addressed forums and consulted with CALD communities * Five capital grants totalling $19.25 million were allocated in the 2014 Aged Care Approvals Round to assist in providing residential aged care accommodation. * The 2014-15 Federal Budget provided $20 million dollars in capital funding to support the delivery of culturally appropriate residential aged care to the Lebanese Muslim and Christian Maronite communities of Western Sydney. |  |
|  | **Action area 5.2** Develop targeted communications to address any existing ‘stigma’ in CALD communities that inhibits aged care service access and use (see also Goal 2)  Examples to date include:   * The My Aged Care website includes basic information on the aged care system translated into 18 languages. It also offers interpreter services. * ACSIHAG/DACS funding supports organisations (including PICACs) to raise the awareness of the services available to CALD communities and tackle any barriers to accessing services. * These organisations also work with aged care providers to connect them with CALD communities. * NSW PICAC is funded approximately $100,000 to deliver the My Aged Care CALD Accessibility project, which investigates barriers to accessing My Aged Care (and thus the aged care system) that exist in CALD communities, including those that are internal barriers such as a “stigma”, rather than those that exist as a result of Government policy, and propose methods to reduce and remove these barriers |  |
|  | **Action area 5.3** Support the implementation of this Strategy by promoting awareness of the Strategy and its annual reporting.  Examples to date include:   * The My Aged Care and DSS.gov.au websites include information promoting the Strategy and a link to download the Strategy document. * Through 2014 and 2015 the Strategy was promoted at various forums and conferences.   In 2013 the Strategy was promoted via a live forum on the Aged Care Channel, DVDs of the forum and via a blog post on the Aged Care Complaints Scheme. |  |
|  | **Action area 5.4** In partnership with the CALD sector, develop targeted communications to encourage members of CALD communities to consider employment, volunteering and training in the aged care sector.  Examples to date include:   * Funding was allocated under the Commonwealth HACC Program (now CHSP) to support volunteering in the CALD HACC sector and develop a sustainable model for the expansion of volunteering in the sector. * The Community Visitors Scheme (CVS) engages with CALD communities to recruit culturally appropriate volunteers to support the delivery of visits to older people from a CALD background that are experiencing, or are at risk of social isolation.   CVS remains a current program; however, with the focus of this Action Area on the aged care workforce, the Action Area is no longer relevant. Workforce training and education is a shared responsibility between Government and industry, with providers having obligations under the *Aged Care Act 1997* to ensure that there are adequate numbers of appropriately skilled staff to meet the individual care needs of residents. Aged care providers are best able to determine workforce needs and manage their workforces. Providers are responsible for attracting, retaining, supporting and developing the workforce they need to offer services for older people in a variety of settings.  In November 2016, aged care provider peak bodies proposed to develop an industry-led Aged Care Workforce Strategy, and has sought commitment by Commonwealth agencies to collaborate in consultations informing the Strategy, as well as providing resources to aid research, analysis, and drafting of the Strategy. |  |
|  | **Action area 5.5** Develop structured pathways to facilitate the employment of appropriate bilingual staff in the aged care system (see also Activity 5.4).  No longer relevant – please see dot points at Action area 5.4 |  |
|  | **Action area 5.6** Develop relevant service models and partnerships that facilitate the involvement of CALD communities in delivering aged care (see also Activity 5.1)  Examples to date include:   * ACSIHAG funded organisations (including PICACs) attend relevant local meetings to promote the needs and involvement of CALD communities in delivering aged care. * PICAC organisations hold information sessions for Approved Providers providing aged care to people from CALD backgrounds |  |
| **6. Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population.** | **Action area 6.1** Work with ageing research bodies to help ensure CALD communities are represented, at least in proportion to the size of their community, in all representative studies and surveys of older population and aged care and that this diversity is reflected in reach analysis.  Examples to date include:   * The Census collects 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. * The Department collects de-identified data on the CALD status of aged care recipients. * People from CALD backgrounds are included in pilots of consumer experience and quality of life in pilots of the National Aged Care Quality Indicator Programme. * All client-based aged care datasets include measures of CALD status, and this information is available to research bodies through the AIHW Clearinghouse. |  |
| **Action area 6.2** Develop, in collaboration with research organisations, a program of research to inform equitable, quality, effective, inclusive and accessible aged care services to CALD communities.  Examples to date include:   * The 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*. * The Review included the identification of gaps in research and the areas that require more research. * Review items are in a searchable database at [www.fecca.org.au](http://www.fecca.org.au). |  |
| **Action area 6.3** Work with the Australian Institute of Health and Welfare (AIHW) to establish the Aged Care Data Clearing House, including access to information about CALD clients, practical resources, operations/ procedures manuals, case studies, research materials, problem solving workflows, organisational change work plans and health promotion packages. Included in this would be an active role to monitor services gaps for CALD clients and identify priority interventions.  Examples to date include:   * The National Aged Care Data Clearinghouse (NACDC) can be accessed via the AIHW website. The Clearinghouse increases the availability, accessibility and coordination of aged care data for the community. * The AIHW was a member of the Advisory Committee for FECCA’s review of research * The NACDC holds data from a number of sources. * The AIHW clearinghouse is operational, and is able to provide data on aged care recipients by CALD status. The Clearinghouse provided data on aged care services recipients, including country of birth, to Leading Age Services Australia for their 2015 Conference to assist researchers to better understand data available through the Clearinghouse.   In addition, the AIHW was contracted to publish a report, *CALD measures in aged care*, which presents findings from an evaluation of CALD measures in a range of data sets and provided recommendations for implementing the ‘top-10’measures in aged care data sets (<http://www.aihw.gov.au/publication-detail/?id=60129548154>). |  |
|  | **Action area 6.4** Work with research bodies to help ensure that the diversity of the Australian population is represented in all elements of health and medical research (see also Activity 6.2)  Examples to date include:   * The FECCA *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* will inform research bodies on the diversity of the population to be included in any research.   In March 2016, FECCA co-hosted with the National Ageing Research Institute a Roundtable on research on ageing in CALD communities which was attended by leading academics and researchers in population and ageing issues as well as key stakeholders from the multicultural sector. |  |
|  | **Action area 6.5** Work with the Australian Bureau of Statistics (ABS) to:   * + Develop standards for ensuring relevant data collections include appropriate representation of older CALD groups.   + Ensure coding and publication of data from relevant data collections is provided for older CALD communities.   + Develop and make freely available a compendium of available data sources relevant to older CALD populations, and CALD aged-specific datasets, to support the implementation of this Strategy.   + Include CALD indicators within the Australian Census, Survey of Disability, Ageing and Carers (SDAC)   Examples to date include:   * The Australian Bureau of Statistics (ABS) has standards for the collection of statistics on Cultural and Language Diversity, which are designed to collect all the cultural and language information considered necessary for consistent and accurate measurement of cultural diversity in Australia. It is intended that the standards be used by government, academic and private sector organisations in all relevant data collection activities, as this will improve the compatibility and comparability of data derived from different sources. * The Department is working with the ABS to improve data collection for future censuses. * The Department is working with the ABS to ensure the Survey of Disability, Ageing and Carers collects a range of CALD indicators. * The ABS was a participant in the FECCA-NARI roundtable of March 2016 |  |
|  | **Action area 6.6** Utilise personal stories, data, advice and research obtained in collaboration with the CALD community to inform the development/improvement of responsive aged care planning and service delivery (see Goal 1).  Examples to date include:   * The CALD ageing sector has been represented on, or made positive contribution to advisory and reference groups, sub-groups and consultations that have been established to develop frameworks for aged care reforms. * Data is being collected from people with a CALD background as part of the National Aged Care Quality Indicator Programme and will support continued quality improvement in service delivery. * Case studies have been developed by Home Care Packages team and communications team for use in future communication material. * Training materials for My Aged Care intake and assessment teams are being revised to include more diversity scenarios in compulsory training units. |  |