CALD COMMUNITIES LEADERS' FORUM

SCOPING STUDY:
HEALTHCARE IN SA FOR PEOPLE FROM CALD BACKGROUNDS

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CALD Scoping Study

Brief

Information gathering:

- *Community representatives; peak and advocacy organisations and service providers about local issues for healthcare and quality of experience for people from CALD backgrounds*
- *Available contextual information*

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Scope

- *What's working and what's not?*
- *What are the main issues?*

Limitations

- *Who gets a say*
- *Comprehensive review and analysis*
- *Progressive discovery*

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Challenges:

- Greater population diversity & complex health needs
- Ageing CALD population
  - *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds - Federation of Ethnic Communities' Councils of Australia (FECCA) 2015*
    - *Higher levels of disadvantage and risk factors*
      - *socio-economic disadvantage*
      - *cultural translation difficulties*
      - *lack of exposure to Australian services and systems, and*
      - *lower rates of access to services*
    - *Higher risk of mental health issues than the population born in Australia and tend to present at later stages of illness compared to other older people in Australia*

CALD Health

Challenges:

- Increased health system complexity and change
  - *System capability and capacity – impact of change*
  - *Community support services capacity – greater competition, diminished resources*
  - *Aged care – impact of change*

CALD Health

Challenges:

- **What we do and don't know** about racial and ethnic disparities that may lead to health inequalities in SA

  - Australian and international studies have documented health disparities among populations from CALD backgrounds, and also the benefits of culturally competent health care system to potentially reduce these disparities

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“Hospitals and health services are geared towards English-speaking clients that can navigate the system well and on their own”

Combined Voices

“….it’s not just about language”

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Key Principles of Care *(Commonwealth, 2012):*

- Inclusion and empowerment
  - Policy, strategies and reporting of CALD indicators
  - Advocacy and support
- Access and equity
  - Barriers due to language and culture
  - Service use
- Quality
  - CALD consumer engagement – input and evaluation
  - Quality of consumer experience
- Capacity building
  - Service capacity
  - Health workforce capability

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What works well is when:

1. **Clear directives** *leadership, advocacy and support for inclusive planning and service delivery*
2. **Engagement** *with culturally diverse service providers, consumers, carers and community members for planning, improvement and review of programs and services on an ongoing basis*
3. **Knowledge driven decision-making** *meaningful data; research; inclusive review and evaluation*
4. **Diverse health workforce** *that reflects community*

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1. Clear Directives

What's working:

- National and SA charters, strategies, policies and standards that recognize diversity and rights; quality frameworks for CALD health (e.g. National Framework for Mental Health in Multicultural Australia, 2014)
- Availability of language services: interpreting and translating; signs/information

What's not working:

- No proactive SA health system-wide policy and services framework for CALD; perception of lost momentum for 'access and equity'
  - NSW
  - Victoria
  - Queensland
- Inconsistent cultural competence/responsiveness across hospitals and health services – attitudes, behaviour and practice
  - scant evidence of appropriate training for health workers, including interpreters
  - lack of assistance with forms and other processes (i.e. transport)
  - poor coordination for services including hospital discharge
  - racism; intolerance of difference

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2. Engagement

What's working:

- CALD community participation on health service committees; consultation and feedback
- Community services interface with health system

What's not working:

- Services for CALD perceived as peripheral: 'add on or after thought' rather than intrinsic part of service planning ('mainstream' or 'other'); limited
- Inadequate involvement of family, carers or community advocates in care planning;
  - hospital inpatient services and discharge; transport services; home and outpatient care – co-ordination and support across continuum of care
- Quality of interpreting services
- Support for the most vulnerable within the CALD populations

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3. Knowledge driven decision-making

What's working:

- SA CALD demographics at community level for service planning
- Research and community knowledge of multicultural health and wellbeing; primary health care service planning
- CALD health and wellbeing project initiatives
- Health system capacity for information collection and analysis for decision-making

What's not working:

- Gaps in SA health system performance indicators for CALD
  - access to services
  - service use
  - health outcomes
  - quality of experience
  - interpreter service use and quality
  - workforce diversity

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4. Diverse health workforce

What's working:

- Greater cultural diversity in health workforce and community service workers
- Improved GP capacity in parts of SA for CALD consumers
- Improved cultural awareness education for future health workforce

What's not working:

- Support for culturally diverse health workforce
- Monitoring and reporting on CALD health workforce – registered and unregistered health workers

CALD Profile - Health Workforce

Scoping Study for the HPC:

Data Request Submission for

CALD Profile of SA Registered Health Practitioners

from Australian Health Practitioner Regulation Agency (AHPRA):

16 registered health professions

- Country of origin
- Languages spoken

CALD Health

Key messages:

- Progress over 30 years
- Perception of decline over last 10 – rapidly changing needs and services context (social, political and environmental impacts)
- Cross-cultural competence must be integrated into health system quality improvement
- Much that we don't know or gather 'local' evidence about
  - *"quality for patient-centred care should not depend on proportion of population affected"*
- Change paradigm of 'mainstream' and 'other'