

Department of Health
Evaluation of the Partners in
Culturally Appropriate Care Program
Final evaluation report
13 August 2018



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Abbreviation	Definition
AHA	Australian Healthcare Associates
CALD	culturally and linguistically diverse
CDC	consumer directed care
CHSP	Commonwealth Home Support Programme
CPP	Community Partners Program
Department	Department of Health
FECCA	Federation of Ethnic Communities Councils of Australia

List of abbreviations

Acknowledgements

Australian Healthcare Associates (AHA) would like to thank the many people who provided their thoughts and views on the Partners in Culturally Appropriate Care (PICAC) program. In particular, the PICAC providers who on numerous occasions, provided details of delivered services, program success and challenges, and their vision for the future of the Program.

We also appreciate the time taken by aged care providers, CALD community leaders and Cristina Giusti from the Federation of Ethnic Communities Councils of Australia (FECCA) who assisted with the evaluation by completing the consultation paper and/or speaking with our team by phone.

Listening to and learning from these stakeholders helped us to gain an improved understanding of the Program including how effectively it has been implemented, its appropriateness and outcomes.

HCP	Home Care Package
PICAC	Partners in Culturally Appropriate Care
RAC	Residential Aged Care

1. Executive summary

1. Executive summary

1.1. Overview

The Partners in Culturally Appropriate Care (PICAC) program (PICAC program; the Program) has been funded by the Department of Health (the Department) since 1997 to support the provision of culturally appropriate aged care for older people from culturally and linguistically diverse (CALD) backgrounds. In November 2017, the Department contracted Australian Healthcare Associates (AHA) to undertake an evaluation of the Program. The evaluation scope included Program activities from 2011 to 2018.

The **evaluation objectives** were to assess the:

- Successes and challenges of PICAC program implementation, including to both emerging communities and rural and remote communities
- Appropriateness of the Program within current aged care reform and program settings including identifying gaps in current service provision, and national consistency in service provision and resource design
- Effectiveness of the Program – what’s working, what’s not working and why.

The **evaluation questions** covered three domains:

1. **Program implementation:** How well has PICAC been implemented across states and territories and what have been the key enablers and barriers to implementation?
2. **Program appropriateness:** How appropriate is PICAC?
3. **Program effectiveness:** What difference has PICAC made?

1.2. Methods

The evaluation process included:

- Collation of the latest (July to December 2017) activity reporting data related to the goals and actions of each PICAC provider
- Interviews with PICAC providers and the collection of further information about service provision and future vision for the program
- Feedback from CALD community group representatives, peak bodies and aged care service providers, collected through an online consultation paper (130 respondents)
- Telephone interviews with 16 representatives of organisations that had received services through the PICAC program. This included regionally-based aged care service providers and emerging ethnic community groups.

1.3. Key findings

Key findings of the evaluation have been summarised in relation to each of the three evaluation domains.

1. Executive summary

1.3.1. Program implementation

PICAC providers delivered a broad range of services to metropolitan aged care and CALD community organisations. Providers also assumed numerous board or working group positions and undertook networking and advocacy work to represent the CALD perspective in the broader aged care sector. Other findings related to implementation of the Program were:

- The majority of stakeholders who had used PICAC services found them to be helpful or very helpful in achieving the desired outcome for their organisation.
 - PICAC providers were proactive in contacting aged care providers directly. Other promotion occurred through PICAC visibility at conferences and expos, and word of mouth.
 - Providers collaborated with other relevant experts at times to provide greater value for training attendees and also reach regional aged care organisations through reduced facilitation costs.
 - Shifts in the type of activities undertaken by PICAC organisations since 2011 were noted, such as a significant investment in the development of online resources and training and the extension of assistance provided to CALD community members.
 - Sometime after the 2011 funding agreement was signed with providers, PICAC program scope was expanded to include direct service provision to CALD communities. This has given rise to confusion amongst PICAC providers and target organisations regarding the services the Program is meant to deliver and to whom.
 - Greater clarification of the Department's expectations around Program outcomes and priorities would help PICAC providers understand where to focus their efforts. So too would establishing best practice culturally appropriate aged care, and from this, core Program elements.
 - The PICAC Alliance is striving to improve consistency in messaging and minimising duplication of efforts while also promoting the unique expertise of each member organisation.
- Appropriateness of the Program

The Program was found to align very well with the Department's priority to help aged care providers deliver services in a way in which the diverse characteristics and life experiences of older people are valued. Other findings related to the appropriateness of the Program were:

- PICAC providers are very well placed to guide organisations around the Aged Care Diversity Framework and the (to be released) CALD Action Plan.
- There is a wide range of linkages between PICAC providers and other programs within the aged care sector, however these could be strengthened by mandatory cultural awareness training for service providers and funded leadership roles for PICAC providers.
- While well placed to align with the Department's priority to improve consumer choice, PICAC providers (and community organisations) are insufficiently resourced to facilitate this entirely as intensive help is required to assist consumers in navigating the aged care system.
- Current Program funding levels may be insufficient to meet existing and growing demand for services.

1. Executive summary

1.3.2. Impact of the Program

On the whole, positive feedback was received from representatives of aged care and CALD community organisations in regards to the Program's impact. Other findings were:

- Information and support, workshops and training, policy advice and networking were highlighted as particularly helpful elements of the Program.
- Continuation or expansion of current services, e.g. more education and training, network meetings and opportunities, forums and events, was seen as important.
- Cancellations of workshops, cost, lack of (aged care) organisational buy-in and staff turnover were thought to be barriers to receiving and then implementing PICAC training.
- While 67% of consultation paper respondents felt the Program helped CALD community members access aged care, the ability of the Program to empower consumers was also reported to be significantly limited due to the complexity of the aged care system and significant obstacles CALD people face when using My Aged Care.
- Suggestions for improvement included a greater volume of culturally appropriate resources, additional 'care navigation' help to provide intensive assistance to individuals, greater funding to improve Program reach and improved collaboration.

1.4. Conclusions

Almost all stakeholders recognised the passion and expertise of PICAC providers and the strong need for the Program. Service recipients reported PICAC activities to be on the whole helpful or very helpful for their organisation. Furthermore, the Program is well aligned with the Department's priorities of consumer choice and valuing diversity in aged care. However the complex nature of the aged care system and additional challenges faced by older people from CALD communities means the level of assistance required is unable to be delivered by the Program at current funding levels. Reaching rural and remote aged care services and CALD community organisations has also proven challenging at the current funding levels.

There is a strong need to clearly define the objectives, expected outcomes and priorities of the PICAC program. Establishing consensus on best practice culturally appropriate aged care would also help identify the core elements of the Program and enable providers to deliver services more consistently and efficiently, plus clearly communicate Program scope to target organisations.

2. Introduction

2. Introduction

2.1. Background

Australia, like many other countries, faces the challenge of caring for an ageing population. This challenge is compounded by the fact that Australia is a vibrant, multicultural society with a diverse range of service needs influenced by a range of factors (including culture, language, age, religion, socio-economic status, and geographical location, among others).

Meeting the needs of the various sub-groups of the ageing population (which include CALD people as well as other 'special needs' groups identified in the Aged Care Act 1997 (Cth)) is a particular challenge for aged care providers.

The 2016 Australian census found that over a third (37%) of people aged 65 years and over were born overseas, and nearly 20% of older Australians spoke a language other than English at home (Australian Bureau of Statistics 2017).

The CALD population is highly heterogeneous (Rao et al. 2006, Radermacher et al. 2009), with variations in country of origin, English language proficiency, length of time in Australia, reasons for migration, post-migration experiences, age, sex, religion, socio-economic status and geographical location. All of these factors highlight the concept of 'diversity within diversity' and are relevant to the provision of appropriate aged care (The Benevolent Society 2013).

The composition of the CALD population is also evolving over time as patterns of migration change and new cultural and linguistic communities emerge around Australia (Australian Institute of Health and Welfare 2014). This presents particular challenges in relation to planning appropriate service delivery into the future.

2.1.1. Considerations for aged care in CALD communities

Culturally and linguistically appropriate care is defined as "targeted care which is reflective of and responsive to the cultural, linguistic and spiritual needs of the person. It uses cultural and linguistic characteristics, experiences and perspectives of ethnically diverse people to deliver aged care services more effectively" (Commonwealth of Australia Department of Social Services 2015, p. 4).

There are numerous considerations in ensuring access for and providing appropriate aged care to people from CALD backgrounds. Individuals' awareness of available services may be limited by literacy and communication issues. Cultural factors may also limit awareness or use of the formal services available, particularly in cultures where informal care by members of the family and community is the norm (Runci, O'Connor and Redman, 2005; Radermacher, Feldman and Browning, 2009; Tsianikas *et al.*, 2011; Yeboah, 2015). People born in non-main English speaking (NMES) countries tend to use home and community-based aged care services at higher rates than those born in Australia or main English-speaking countries, and this is reflected in the fact that English is the preferred language for nine in ten residential aged care recipients (Australian Institute of Health and Welfare 2014).

In some cases, to overcome these barriers, ethno-specific services have been developed to meet the needs of particular CALD groups. However, given the size and heterogeneity of the Australian CALD population, such services may not always represent the most appropriate option for individuals or communities (Radermacher et al. 2009). In line with current policy emphasising consumer choice and control, both culturally-sensitive mainstream services and ethno-specific services are important elements of the Australian aged care landscape.

2. Introduction

2.2. Policy context

The Australian Government administers a number of programs to support Australians as they age, including residential aged care and home based care (via the Commonwealth Home Support Programme (CHSP) and Home Care Packages (HCP) Program). The My Aged Care website and contact centre serve as the primary entry point to the system for aged care consumers and their families. The My Aged Care website includes an information repository about services available to older Australians and a search engine to enable people to find nearby aged care providers. Information in languages other than English is also available.

The Australian Government is reforming Australia's aged care system over 10 years (from 2012-13) to ensure it:

- Is sustainable and affordable
- Offers choice and flexibility for consumers
- Encourages businesses to invest and grow
- Provides diverse and rewarding career options (Australian Government Department of Health 2017a).

A significant part of this is a shift towards consumer directed care (CDC), which aims to ensure that older Australians are afforded greater choice, and care will be based on their needs. The 2016 Aged Care Roadmap articulates short (within 2 years), medium (3-5 year) and long-term (5-7 year) actions that will lead to desired 'destinations' – including that all consumers are able to access the care and support they need, regardless of their cultural or linguistic background, sexuality, life circumstance or location. To achieve this, the Roadmap notes that “consumers need to be assessed and receive services based on their individual needs, rather than categorised into groups (e.g. CALD)” (Aged Care Sector Committee 2016, p. 7).

The Increasing Choice in Home Care reforms (Department 2017), introduced in February 2017, aim to improve choice and flexibility as well as fairer access to Home Care Packages (Australian Government Department of Health 2017b).

In line with the Aged Care Roadmap and current aged care reforms, the recently released Aged Care Diversity Framework (Australian Government Department of Health 2017c) aims to embed diversity in the design and delivery of aged care services as well as address barriers to safe, equitable and quality care. The Framework builds on the CALD Ageing and Aged Care Strategy (Commonwealth of Australia Department of Social Services 2015) and provides an overarching structure for a number of action plans for 'special needs groups', including a plan for people from CALD backgrounds.

The Australian Government is also developing a Single Aged Care Quality Framework (single quality framework) with:

- A single set of quality standards for all aged care services
- New quality assessment arrangements for assessing provider performance against quality standards
- Enhanced information on quality to help consumers to make choices about the care and services they need.

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The purpose of this framework is to ensure all aged care recipients receive high quality care driven by a market based system where quality is driven by the consumer (Australian Government Department of Health 2017c).

2.3. The PICAC program

The PICAC program has been funded by the Department since 1997. The Department provides funding to one organisation (PICAC provider) in each state and territory (one organisation for both NSW and the ACT) to:

- Support aged care providers to deliver culturally appropriate care to older people from CALD communities
- Help older CALD people and their families make informed decisions about their aged care needs¹.

The current PICAC providers are listed in *Table 2-1*. While Program objectives are consistent across providers, a range of activities are undertaken by PICAC providers which include resource development, training, information sessions and workshops.

Table 2-1: PICAC providers in each jurisdiction, program tenure and funding (2017-18)

Jurisdiction (abbreviation)	Provider	Year commenced PICAC service delivery	Funding 2017-18 (inc GST)
New South Wales/Australian Capital Territory (PICAC NSW/ACT)	Multicultural Communities Council of Illawarra	2011	\$519,255
Northern Territory (PICAC NT)	Council on the Ageing (NT)	2004	\$94,421
Queensland (PICAC Qld)	Diversicare, Ethnic Communities Council of Queensland	2004	\$304,764
South Australia (PICAC SA)	Multicultural Aged Care Incorporated	1997	\$303,277
Tasmania (PICAC Tas)	Migrant Resource Centre (Southern Tasmania)	1997	\$108,722
Victoria (PICAC Vic)	Centre for Cultural Diversity in Ageing	1997	\$453,332
Western Australia (PICAC WA)	Fortis Consulting Pty Ltd	2015	\$303,277

¹ Taken from <https://agedcare.health.gov.au/older-people-their-families-and-carers/people-from-diverse-backgrounds>. Confusion was reported by PICAC providers and target organisations around Program scope which is discussed in Section 3.2.

2. Introduction

2.4. This evaluation

In November 2017, the Department contracted AHA to undertake an evaluation of the PICAC program.

2.4.1. Evaluation objectives

The aims of the evaluation of the PICAC program were to assess the:

- Successes and challenges of PICAC program implementation including to both emerging communities and rural and remote communities
- Appropriateness of PICAC within the current aged care reform and program settings including identifying gaps in current service provision, and national consistency in service provision and resource design
- Effectiveness of PICAC (what's working, what's not working and why?).

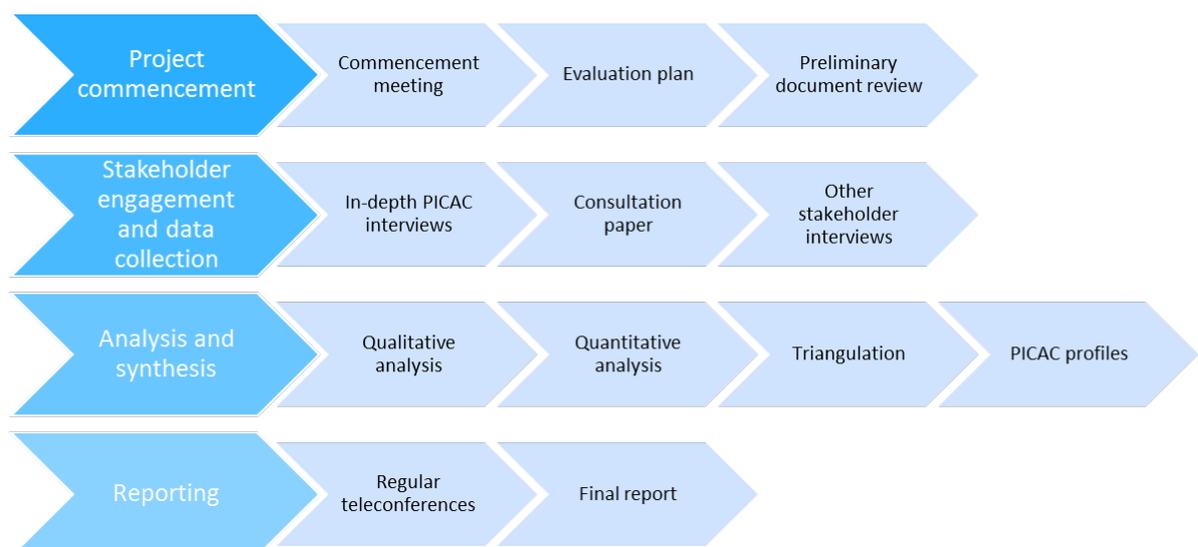
The evaluation considered implementation of the PICAC program since the current funding agreements have been in place (i.e. since 2011 for all except the WA provider which commenced in 2015).

2.4.2. Method

AHA used a four-phase methodology (depicted in *Figure 2-1*) which enabled input primarily from PICAC providers, the aged care sector and CALD community organisation representatives. A mixed-methods approach involving a combination of quantitative and qualitative data sources was used. Information derived from multiple data sources was then triangulated to generate a synthesis of findings.

The evaluation took place between January and June 2018.

Figure 2-1: Project phases



The main stakeholders consulted, and the mode of engagement used are summarised in *Table 2-2*. Consultations were undertaken between February and May 2018.

2. Introduction

Table 2-2: Stakeholders consulted and mode of engagement

A summary of participants and the mode(s) of engagement is provided in <i>Table 2-2</i> .	A summary of participants and the mode(s) of engagement is provided in <i>Table 2-2</i> .
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* Activity reports were supplied by the Department and pertained to activities performed between July and December 2017

Eight of these identified as aged care consumers

Recruitment of respondents for the consultation paper occurred through PICAC providers, the Department’s aged care newsletter mailing list and through FECCA. Semi-structured phone interviewees included a subset of consultation paper respondents (where respondents consented to a follow-up interview and provided contact details) and individuals recruited with assistance from PICAC providers.

Data arising from stakeholder consultations (described in *Table 2-2*) were combined with other information sources including activity reports, background documents from the Department and relevant publicly-available reports. Consultation paper responses are outlined in detail in Appendix B.

2.4.3. Evaluability issues

A number of issues were identified that may impact on the results of the evaluation. These included:

- **Information received from PICAC providers**
 - Some PICAC providers offered detailed information about services delivered and stakeholders engaged with whereas others provided only limited information.
- **Selection bias**
 - Some telephone interviewees were nominated by PICAC providers, and are therefore likely to represent those clients most satisfied with the service. This was mitigated by selecting other, dissatisfied consultation paper respondents who left contact details where possible.
 - Promotion of the consultation paper was done through the Department’s mailing list, through PICAC providers and directly to contacts provided by FECCA. Less IT-savvy organisations may have missed the communications and therefore may not have had an opportunity to participate in the evaluation.

2. Introduction

- The consultation paper may have attracted responses from those who are either extremely dissatisfied or satisfied with the Program, while less passionate respondents may have been less motivated to respond.
- **Quality and suitability of activity report data**
 - There was variability between PICAC providers in the level of detail provided in the activity reports. In addition, only the most recent activity report was available which meant that AHA did not have detailed information on activities performed between 2011 and 2016. The evaluation team relied on provider recall to understand how service provision has changed over time, and results may have been impacted by recall bias (see below).
 - Not all activities undertaken by PICAC providers were listed in activity reports.
- **Staff recall bias**
 - Providers and Program recipients were asked to provide details of PICAC services from up to seven years ago. The timeframe introduces the risk of recall bias in the information provided in the consultation paper and during in-depth consultations, as respondents may find it difficult to remember or accurately recall details of events that happened in the past. Research studies indicate that 20% of critical details are irretrievable after one year and 50% after 5 years (Hassan 2005). All studies that rely on self-reported data are prone to this limitation.

2.5. This report

This evaluation report is set out as follows:

Chapter 2: Introduction – provides an overview of the background and policy context of the PICAC program and recent aged care reforms. It also describes the evaluation objectives and method.

Chapter 3: PICAC program implementation – reports on the array of activities undertaken by PICAC providers since 2011 and the quality and consistency of these, plus barriers and enablers to Program implementation.

Chapter 4: Appropriateness of the PICAC program – assesses the appropriateness of the PICAC program in terms of its alignment with aged care policies and recent reforms as well as linkages with other aged care programs.

Chapter 5: PICAC program impact – discusses the impact of the Program on aged care providers and CALD communities.

Chapter 6: Conclusions – includes some final concluding remarks concerning the Program.

Appendices – including:

- Service model profile for each PICAC provider
- Quantitative overview of consultation paper responses
- Copy of the consultation paper

2. Introduction

- References

3. PICAC program implementation

3. PICAC program implementation

3.1. Introduction

This chapter considers the implementation of the PICAC program since 2011. It reports on:

- Guidance provided to PICAC providers by the Department
- The array of activities which have been undertaken by PICAC providers, including the quality and consistency of these, and how the Program has been promoted
- Services provided to aged care providers
- Services delivered to CALD groups
- Enablers and barriers to Program implementation.

It is informed by interviews with and information provided by PICAC providers, a review of 2017 activity reports and feedback from service recipients (provided through the online consultation paper and phone interviews). It was not possible to establish the quantum of services delivered through the PICAC program since 2011 because activity reports from prior to 2017 were not available. Changes in the volume and type of services delivered over time were approximated through discussions with PICAC providers.

3.2. Direction provided by the Department

The parameters of the PICAC program are outlined in the:

- Application information booklet and application form (2011)
- Funding agreement with providers (2011)
- PICAC program guidelines (2011).

Canberra-based Departmental staff also provided Program guidance through infrequent teleconferences and face-to-face meetings with PICAC providers. Departmental staff based in other jurisdictions met with PICAC providers in their state or territory at least once a year to discuss the project plan proposed by the PICAC provider.

The application booklet, guidelines and current funding agreement (established in 2011) state that the core objective of the PICAC program is:

Equipping aged care service providers to deliver culturally appropriate care to older people from culturally and linguistically diverse communities.

At some stage following signing of the agreement the Department advised providers Program scope had been extended and providers were also to work directly with CALD communities to help older people from CALD backgrounds and their families make informed decisions about their aged care needs.

This expansion of Program scope has given rise to confusion amongst PICAC providers and target organisations around the services they are meant to be delivering and to whom.

Several PICAC providers also reported a high turnover of Departmental staff in state and territory offices which gave rise to suboptimal knowledge of and interest in the Program and, at times, inconsistent

3. PICAC program implementation

advice. It was suggested that holding more regular teleconferences between all providers and the Department would improve communication and:

- Clarify the overarching objectives of the Program and identify cases where advice from Department staff outside Canberra has been inconsistent
- In the context of limited Program funding, communicate where the Department's priorities lie and therefore where PICAC providers should concentrate their efforts. For instance, PICAC providers sought clarification on whether the Department would prefer the Program target large groups of older people in established CALD communities (such as Italian and Greek) or fewer people from emerging communities (such as African and Syrian)
- Explain expected Program outcomes
- Work with expertise available within PICAC providers (and other relevant experts) to collectively identify good-practice strategies for delivering culturally appropriate aged care
- Identify what the core elements of PICAC program delivery should be to promote greater consistency in services delivered under the Program
- Clarify the correct activity reporting template to use so that all project plans and activity reports contain the same fields and level of detail
- Motivate and provide an opportunity to show appreciation for work done.

"PICAC program priorities need to be identified. Currently the program is spread too thin."

PICAC provider

3.3. Overview of activities undertaken

It was evident a broad range of activities were undertaken through the PICAC program. Each provider determined appropriate activities based on local Department direction, client demand and internal expertise. Some PICAC providers also had a steering committee that provided input into activity planning.

An overview of main activities and Program recipients for each PICAC provider is outlined in the individual service model profiles (*Appendix A*) and summarised in *Sections 3.5* and *3.6*. Broadly speaking, activities centred on services delivered to aged care providers (i.e. sector development activities) or to CALD communities. Other work performed by PICAC providers included:

- Attendances and/or presenting at conferences
- Networking
- Representing CALD interests on boards
- Development of resources
- Website maintenance
- Advocacy work
- Assistance with training aged care students in cultural competency.

Conferences run by PICAC providers (e.g. Cultural Diversity in Ageing, CALDWays) were another way to deliver services to a broader group of participants and offered a way to link communities. They also

3. PICAC program implementation

provided an avenue to introduce a larger audience to the PICAC program; in fact, one quarter of consultation paper respondents said they heard about the Program at an expo or conference.

Consultation paper responses indicated that the most commonly accessed PICAC services were materials or resources (n = 57), attending a PICAC-organised expo or conference (n = 53), or training or workshop attendance (n = 50). Significant numbers also reported obtaining information from the Centre for Cultural Diversity in Ageing website (developed by the Victorian PICAC provider) (n = 40) and collaboration on program/project development (n = 37). Committee or board input, policy or advocacy help, and advice or referral by phone were services less commonly reported to be accessed (*Table 3-1*).

Table 3-1: Consultation paper responses: which services have you accessed through the Program?

	Number responses*
Materials or resources	57
Attended a PICAC-organised expo or conference	53
Training or workshop	50
Information from the Centre for Cultural Diversity in Ageing website	40
Program development collaboration	37
Committee or board input	22
Policy or advocacy help	22
Advice or referral by phone	18
Other	8

* Respondents were able to nominate more than one service

Services were delivered face-to-face through meetings and workshops, phone calls, at expos and conferences, through PICAC provider websites and by email, Skype and post. Often this was done in a collaborative and innovative way, as highlighted in the following sections.

3.3.1. Collaboration

PICAC providers collaborated with each other and external experts including in the areas of continence, palliative care, translation, dementia and local council work. For example, PICAC WA delivered ‘Your Brain Matters’ sessions with Dementia Australia, PICAC NSW/ACT collaborated with the Program of Experience in the Palliative Approach (PEPA) annually, and PICAC Qld partnered with Diabetes Queensland to deliver community information sessions. A partnership approach had several benefits: it provided greater value for attendees, it kept costs down (especially when visiting regional locations) and provided newer PICAC providers (e.g. WA and NSW) with an avenue through which connections could be established with local organisations.

Novel linkages were developed including with SBS Broadcasting (PICAC Vic and PICAC WA) plus TAFE institutions (PICAC WA and PICAC NT). Such collaborations enabled a significantly wider audience (including radio and TV audiences and aged care students) to be reached.

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3.3.2. Innovation

Some PICAC organisations had, or were in the process of creating, an online platform for aged care staff and community members to access resources. The Centre for Cultural Diversity website (PICAC Vic) was widely accessed – in fact almost one third of consultation paper respondents stated they had accessed the site. Online resource provision widened the reach of the Program as resources (including training webinars) could be accessed by time-poor staff, CALD families unable to attend information sessions and rural and remote Australians (acknowledging that online formats are not accessible for all older CALD people).

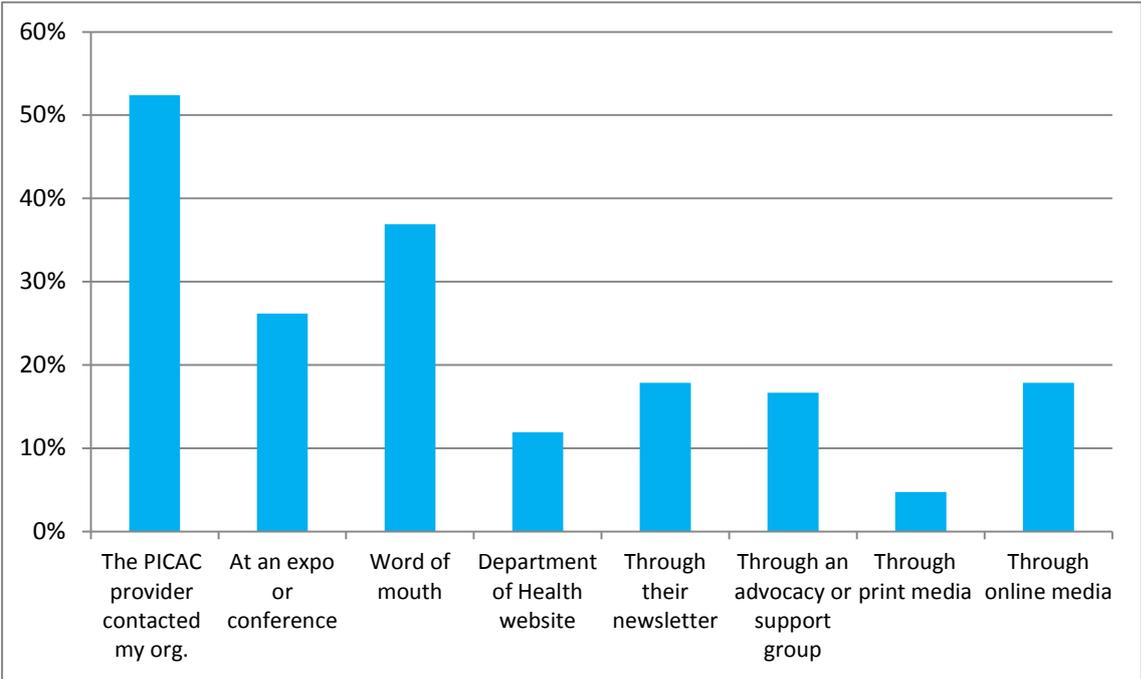
‘Train the trainer’ programs were delivered in many jurisdictions (including WA and Tasmania) to aged care providers and some established CALD communities in an effort to make organisations self-sustaining and enable PICAC resources to be directed to other areas.

PICAC NT and PICAC Vic created short videos which conveyed the perspectives and life experiences of senior Australians from CALD backgrounds to a wider audience. PICAC NT recorded migration stories in collaboration with Charles Darwin University film students and PICAC Vic produced a video titled *Ageing in Australia – the immigrant experience*.

3.4. Promotion of PICAC services

The PICAC program was promoted in a number of ways, as evidenced by responses to the consultation paper (Figure 3-1). Promotion occurred directly through phone calls, emails and meetings with targeted aged care and CALD community organisations and indirectly at networking events, expos, board meetings and newsletters. Some PICAC providers (Vic and WA) had published papers in peer reviewed literature which improved awareness of the Program and also demonstrated the expertise of its staff.

Figure 3-1: Consultation paper responses: how did you hear about the PICAC program?



3. PICAC program implementation

Of the organisations who reported not engaging with the PICAC program, a lack of awareness of the Program was the most frequently identified barrier. Other respondents were accessing alternative CALD-specific supports or were engaged with PICAC providers indirectly (e.g. through collaborative projects or roundtables). One respondent noted that the local PICAC provider had disengaged from working with CALD-specific community groups in recent years.

3.5. Services delivered to aged care providers

All PICAC providers delivered cultural training or workshops to community and residential aged care providers. Session structure and content was based on PICAC providers' knowledge, research and past experience. For example, PICAC Vic ran sessions based on their *Inclusive Service Standards* and PICAC NSW/ACT delivered sessions using their *Bridging Cultures* guide. PICAC providers also used existing materials (the development of which was funded outside the PICAC program) for training, such as PICAC WA's *Keys to Diversity* program.

Aged care provider training was tailored in most cases in response to the needs of the organisation, as determined beforehand. PICAC providers typically enquired about cultures and languages spoken within the organisation prior to session delivery. For example, PICAC WA performed a *Pulse Survey* to determine a provider's strengths and weaknesses prior to training and then discussed these, along with identified priorities, with the provider so an appropriate program could be developed. PICAC SA surveyed aged care providers annually to identify priority issues which in turn informed the annual training calendar.

Whilst the independent development of training sessions and presentations by each PICAC provider may have enabled them to respond intimately to local need, it was also seen to contribute to both:

- Inefficiencies and duplication of effort
- Inconsistencies in the terminology used and guidance offered (for example, the terms 'cultural diversity', 'cultural competency' and 'diversity in ageing' were used by different service providers).

Stakeholders suggested that these inefficiencies and inconsistencies were exacerbated by the lack of sector-wide guidance around good practice for delivering culturally appropriate aged care, and the absence of a regular forum for PICAC providers to share resources and expertise.

In some instances training sessions were delivered at the aged care provider's facility (for staff convenience). However, some PICAC providers reported that this led to too many interruptions for attendees (for example, shift changes, pager alerts) and that they had therefore commenced delivering sessions at their own premises. Some PICAC providers charged aged care providers for the delivery of tailored training sessions. Whilst this helped to recoup some delivery costs it was reported by some that this led to smaller providers being less able to access PICAC services.

In addition to training aged care staff in cultural competency, PICAC providers:

- Assisted aged care providers to support individual clients, for instance, by sourcing resources in a client's language
- Helped aged care providers manage staff from CALD backgrounds (e.g. by supporting them to understand the perspectives and ways of working of people from other cultures), even though it

3. PICAC program implementation

was recognised this was outside Program scope. Multiple stakeholders commented on the challenges brought about by the increasing diversity of aged care staff in relation to cultural practices and understandings around care provision and felt PICAC providers were well placed to assist

- Developed specific required resources
- Linked aged care providers with communities or individuals in need of services.

All but two PICAC providers offered home care services (CHSP and/or HCPs) as part of their broader organisation offerings, which further cemented their understanding of, and connections within, the aged care sector. It should be noted, however, that a handful of consultation paper respondents felt it was inappropriate for PICAC organisations to be engaging in service provision, as this potentially represented a conflict of interest.

3.5.1. Reach and inclusion

Through interviews with aged care service providers it was evident that PICAC providers were striving to reach both home care and residential aged care providers. Unsurprisingly, stronger connections and greater Program awareness was evident amongst local aged care organisations for PICAC providers that have been involved with the Program since its inception.

Metropolitan aged care organisations received most of the training provided through the PICAC program. One exception was Canberra, which lacked a local PICAC presence and was served by a NSW-based organisation. Conducting sessions in regional areas was reported to be cost-prohibitive for PICAC providers unless they joined with another service provider or educator, as described in *Section 3.3.1*, and only a small number of sessions were delivered to rural and remote regions of Australia. Delivering to metropolitan providers also afforded broadest reach in terms of participant numbers (if not in terms of geographical coverage).

Most PICAC providers supported aged care organisations outside capital cities through the provision of information by phone, email, Skype and post. Notably, PICAC SA's Multicultural Aged Care Library offers cultural and linguistic resources to community and residential aged care (RAC) providers in metropolitan and regional areas nationwide. The library includes books, training materials, DVDs, music, games and communication aids. The development of webinars and other online training resources also aim to improve Program reach to regionally-based aged care staff.

3.6. Services delivered to CALD communities

Many stakeholders engaged through the evaluation felt strongly that the need to support older people from CALD backgrounds was increasing. Key reasons provided were:

- A large and growing number of CALD seniors
- The complexity of the aged care system in Australia, which was reported to be increasingly difficult to navigate
- Challenges with accessing the aged care system: many stakeholders argued that the My Aged Care gateway presented a major barrier for individuals with poor literacy and negligible computer skills (this is discussed further in *Sections 3.10.3 and 5.3.2*)

3. PICAC program implementation

- The cessation of the Community Partners Program (CPP) which was reported to be extremely helpful in connecting and supporting CALD communities.

However, there was confusion amongst PICAC providers and CALD community leaders around whether PICAC program scope extended to providing direct assistance to CALD communities. Therefore there were considerable differences in the level of engagement with CALD communities between PICAC providers.

Face-to-face meetings, presentations and informal support were the main services offered to CALD communities. Areas of discussion included the aged care system in Australia, available services and providers in the local community, and CALD-specific resources. For example, PICAC Tas delivered aged care updates at quarterly community information sessions and PICAC SA ran approximately seven social support groups per month (Café 94) and quarterly networking meetings for service providers, CALD community groups and older people from CALD backgrounds.

Other services offered by PICAC providers to CALD community organisations were resource development, translation work, advocacy and the facilitation of connections between communities and aged care providers. PICAC NT and PICAC WA both facilitated roundtables or advisory group meetings with CALD community leaders. However, AHA received mixed feedback from attendees on the usefulness of such meetings for CALD communities and the extent to which they felt their feedback was valued.

Many stakeholders reported that it takes time to develop rapport and trust with CALD communities. PICAC providers that are also multicultural organisations may be more likely to be embedded in local CALD communities. PICAC providers that commenced service delivery prior to 2011 also had an advantage in this regard.

3.6.1. Reach and inclusion

A broad range of metropolitan-based CALD communities received PICAC services. These include large, small, established and emerging communities. There was tendency for PICAC providers to prioritise larger CALD communities in an effort to deliver services to a larger cohort. Some made efforts to help larger and more established communities (e.g. Chinese, Italian, German) – together with groups with high literacy and English proficiency (e.g. Dutch, Finnish) – become more self-sufficient so that resources could be directed towards community organisations representing less-established groups with greater communication issues. Such efforts included, for example, establishing and training a community leader who could liaise directly with community members.

Emerging ethnic communities needing PICAC services were identified at times by other organisations and reported to PICAC providers. For example in the NT, Multicultural Council NT advised PICAC NT of smaller groups needing help and facilitated the connection. PICAC SA used census data to identify new and emerging community groups.

“What does the Department actually mean by emerging communities? Is it newly arrived immigrants, or CALD communities with a high proportion of individuals turning 65 years and over?”

PICAC provider

3.7. Quality of services delivered

3. PICAC program implementation

The absence of a best practice model or benchmark for assessing diversity in aged care, and a lack of ongoing quantitative Program data collection in activity reports, makes it difficult to objectively assess the quality of services delivered.

Each PICAC provider used feedback forms to assess the quality and usefulness of training/information sessions. This feedback drove refinements to presentations and also provided topics for future training. Feedback was also sought from Cultural Diversity in Ageing and CALDWays conference attendees. Informal feedback related to the Program was also gathered by PICAC providers at community events, expos and networking opportunities.

Consultation paper respondents who had received PICAC services were asked about their satisfaction levels and the majority (84%) found PICAC services to be helpful or very helpful in achieving the desired outcome for their organisation. All respondents residing in Queensland, WA and Tasmania found services to be helpful or very helpful. It is important to note that participant numbers from these jurisdictions were however small.

Around one in ten respondents reported PICAC services to be unhelpful or very unhelpful in this context including 50% of respondents from the ACT. An ACT community organisation representative interviewed communicated frustration that there was not a dedicated ACT PICAC officer as was the case earlier in the Program, and felt this resulted in her own and other ACT-based organisations being inadequately supported.

3.8. Consistency of Program activities

Whilst there were similarities across PICAC providers in terms of Program delivery, significant differences existed and were largely driven by:

- The broad scope of the program and inconsistent messaging about objectives of the Program and expected outcomes
- Lack of guidance around how best to provide cultural awareness training to aged care providers
- Variable input and inconsistent advice about priorities from Department representatives across jurisdictions
- PICAC provider staff's experience and areas of expertise
- Size of jurisdiction and CALD communities (for instance, in the NT there are fewer aged care providers and significantly more Indigenous communities that are targeted by the Program compared with other areas)
- PICAC providers' length of tenure with the Program which in turn influenced the extent of networks and contacts within the aged care and CALD community sectors
- Funding (summarised in *Table 2-1*) and resulting staffing levels.

"We used to engage with the PICAC program. We were then told the new provider is just delivering services to aged care providers."

CALD community leader ACT

PICAC Alliance

PICAC providers have recently worked together to establish the PICAC Alliance. The PICAC Alliance aims to give PICAC providers a greater voice at a national level and work towards improving consistency in

3. PICAC program implementation

messaging and minimising duplication while utilising the unique expertise of the various organisations. Alliance members have a memorandum of understanding, hold regular teleconferences and meet in person at conferences and key national meetings. A PICAC Alliance website is currently under development. PICAC providers unanimously agreed that the Alliance was a positive development for the Program.

The PICAC Alliance has also nominated an area of expertise for each of the seven providers in recognition of the past and ongoing work done by each provider, as shown in *Table 3-2*.

Table 3-2: PICAC Alliance speciality areas

Jurisdiction	Area of speciality
NSW/ACT	Workforce diversity in community and aged care
NT	Serving the Aboriginal and Torres Strait Islander population
QLD	CHSP and HCP service provision
SA	Multicultural Aged Care Library and Mobile Library
TAS	Training of aged care and community organisations
VIC	Centre for Cultural Diversity in Ageing website and online resources
WA	Online training programs

3.9. Changes in Program activities since 2011

There have been shifts in the type of activities undertaken by PICAC providers since 2011. The main changes are:

- A significant investment in the development of online resources and training
- The extension of assistance provided to CALD community members.

Through interviews with PICAC providers and the broader aged care and CALD community sectors it was thought changes in services delivered have been brought about by:

- Higher levels of demand for services by CALD communities which is due in part to a reported reduction in family support for older people from CALD backgrounds. It was postulated by one interviewee that this has arisen from changes in attitudes towards elders in CALD communities and also significant increases in housing costs in some capital cities which has driven younger generations out of the city and away from family
- New and emerging communities which have a very limited awareness and understanding of the aged care sector and need more intensive help to understand and navigate the system
- Greater awareness by aged care service providers of the need to offer more culturally appropriate services which has increased demand and the type of information requested
- Ongoing and fast-paced reforms in the aged care sector (discussed in *Section 2.2*) which has driven the need for providers and communities to be kept abreast of changes more frequently.

3. PICAC program implementation

Also, with the move towards CDC, greater emphasis has been placed on training CALD community leaders

- Increased levels of support required to assist consumers to enter the system via My Aged Care
- An under-resourced aged care workforce which brings about time pressures and fewer opportunities to attend face-to-face training
- Greater familiarity with online service provision, including multilingual resources and training packages
- Persistent demands to be involved with consultations, research and committees
- The presence or absence of Department-funded programs which work synergistically with the PICAC program (e.g. CPP and Aboriginal and Torres Strait Islander Aged Care flexible program).

3.10. Key enablers and barriers to implementation

3.10.1. Program level barriers

The main challenge to consistent Program implementation, as reported by PICAC providers, was a lack of clarity around the Program's objectives, the Department's priorities and the Program's broad scope. This made it difficult for PICAC providers to prioritise activities, and to communicate these priorities to the sector.

Other barriers included:

- Limited funding, which made it difficult to serve a large cohort of organisations, especially those outside capital cities. PICAC providers reported that funding did not allow for travel or extra staff to meet identified needs such as ageing Indigenous communities in the NT.
- The year-by-year contracts also brought about two negative outcomes for the Program – namely that PICAC providers:
 - had trouble retaining talented staff due to the uncertain nature of their tenure
 - could not plan activities far in advance, invest in longer term initiatives or commit to requests for assistance.

“The PICAC Program needs to fine tune where its focus is. Currently it's trying to do everything.”

CALD community aged care provider Tasmania

“We look stupid to our clients...not knowing if the Program will be around in another few months to deliver services.”

PICAC provider

Several PICAC providers reported feeling frustrated that their expertise and experience did not seem to be valued by the Department.

Finally, the turnover of Department staff in some jurisdictions was reported to have led to a loss of Program momentum as providers had to re-establish rapport and educate new staff members on local issues and PICAC activities.

3.10.2. Barriers related to aged care organisations

Identified Program implementation barriers relating to aged care service providers included:

3. PICAC program implementation

- **Priorities:** Not all aged care services targeted by PICAC providers placed importance on addressing diversity in their organisation. While the Australian Aged Care Quality Agency Accreditation Standards for RAC state *individual interests, customs, beliefs and cultural and ethnic backgrounds are (to be) valued and fostered*, cultural competency has not been a large part of these, or the Home Care Standards, and therefore has not been valued or prioritised by organisations. The updated (draft) Aged Care Quality Standards, which have greater focus on diversity, may impact the receptiveness of aged care organisations to PICAC activities.
- **Time:** Other organisations valued the PICAC program offerings but staff were too busy to attend and/or implement the training.
- **Cost:** Some PICAC providers charged a fee to deliver training, which a handful of evaluation participants reported made it difficult for smaller organisations to access these services.

3.10.3. Barriers related to CALD communities

Some barriers relate to the culture and characteristics of CALD communities themselves, and these factors have an impact on how receptive community members are to engaging with PICAC services. For example, it was reported that:

- There is a stigma in some CALD communities around asking for help, and it is preferred or assumed that family will help their ageing relatives
- Many older people have significant anxiety around entering an aged care facility and assume any discussion of aged care pertains only to residential aged care
- The experiences of older people with the My Aged Care system is not always positive, which presents a roadblock for them engaging further with the aged care sector or learning more about options, including through PICAC program services.

Another impediment reported was the fact some CALD community leaders work in full time employment, and therefore do not have a lot of time to engage with the Program.

3.10.4. Enablers

It was clear that the passion and commitment of PICAC providers contributed significantly to the Program's success. So too the connections developed with community organisations since the Program's inception in 1997 and the networks developed between aged care providers, CALD communities and older people in the community were key elements for success.

As noted in *Section 3.3.1*, PICAC providers developed partnerships with other organisations (e.g. Continence Australia, Dementia Australia) which helped the Program to reach a broader audience, particularly in regional areas.

Finally, one PICAC provider noted the growing awareness amongst certain aged care providers about the importance of providing culturally competent care helped improve responsiveness to the Program's offerings.

3.11. Summary of findings

3. PICAC program implementation

PICAC providers delivered a broad range of services to aged care and CALD community organisations and undertook a number of related activities including board representation, networking and advocacy work. The main findings related to implementation of the Program were:

- The majority of stakeholders who had used PICAC services found them to be helpful or very helpful in achieving the desired outcome for their organisation.
- PICAC providers were proactive in contacting aged care providers directly and other promotion occurred through PICAC visibility at conferences and expos, and through word of mouth.
- Shifts in the type of activities undertaken by PICAC providers since 2011 were noted, including significant investment in the development of online resources and training (some of which was funded outside the core PICAC program), and the extension of assistance provided to CALD community members.
- This expansion of Program scope (to include focus on CALD communities) has however given rise to confusion amongst PICAC providers and target organisations around the services they are meant to be delivering and to whom.
- Greater clarification of the Department's expectations around Program outcomes and priorities would help PICAC providers understand where to focus their efforts. So too would establishing best practice in the delivery of culturally appropriate aged care and core Program elements.
- The PICAC Alliance is working towards improving consistency in messaging and minimising duplication while also promoting the unique expertise of each member organisation. The Alliance also provides a platform through which greater visibility of the Program and CALD ageing issues at a national level can be achieved.

4. Appropriateness of the PICAC program

4. Appropriateness of the PICAC program

4.1. Introduction

This chapter discusses the appropriateness of the PICAC program. Within this context AHA assessed the Program's:

- Alignment with aged care policies and recent reform
- Linkages with other aged care programs
- Major gaps.

Findings have been informed by discussions with PICAC providers, CALD community leaders and aged care providers.

4.2. Alignment with aged care policies and reform

The aged care system in Australia is undergoing significant reform with a focus on sustainability, affordability and consumer choice (see *Section 2.2*). The PICAC program has consistently been delivering services since 1997 both in isolation and alongside other Department programs (such as CPP) which have aimed to help older Australians from CALD backgrounds.

4.2.1. Diversity Framework

As discussed, there is an increased recognition of the diversity of aged care consumers in policy, as evidenced by the Aged Care Diversity Framework which seeks to embed diversity in the design and delivery of aged care. The core objective of the PICAC program aligns with the Framework and PICAC providers are very well placed to work within the parameters of the Framework and the (to be released) CALD Action Plan which will focus on solutions to address barriers and challenges affecting CALD seniors' ability to access aged care.

4.2.2. Consumer directed care

The Australian Government is striving to offer consumer choice in aged care services, in line with comparable countries overseas. As outlined in *Section 3.6*, PICAC providers have attempted to facilitate CDC by informing CALD community groups about the aged care system, services and access processes. However, the Program is insufficiently resourced to provide the significantly higher level of assistance required to facilitate CDC for these cohorts.

In light of the diversity within CALD populations, tailored information sessions are appropriate, and are being delivered by PICAC providers, which are undoubtedly more resource-intensive than generic sessions to prepare.

However, according to interviewees, consumer choice is not available to older people from CALD backgrounds even when provided with copious information at community sessions. Many individuals lack sufficient literacy, English language skills, computer know how, and the confidence to access the highly complex aged care system. Some may also have cognitive, vision or hearing impairment. There

"PICACs are in a strong position to explain aged care reforms to CALD communities. Concepts such as 'choice' are not well understood in most CALD communities. In fact, a lot of them don't understand what 'aged care' is to start with."

PICAC provider

4. Appropriateness of the PICAC program

was consensus that while PICAC services were appreciated, CALD seniors cannot be empowered to access services without 1:1 'system navigator' help. Presently PICAC providers and community organisations are well placed to offer this assistance, but are insufficiently resourced to provide the level of help needed for CALD elders to receive CDC.

CDC also relies on information in an appropriate language. Many participants spoke of the need for culturally appropriate material and information translated into more languages. PICAC providers and other organisations have created some resources, however funding does not cover extensive resource development and without central coordination, resources are not efficiently shared.

4.3. Linkages with other aged care programs

The service model profiles (*Appendix A*) indicate that a wide range of linkages exists between PICAC providers and other programs within the aged care sector. The majority of PICAC provider organisations delivered services through the CHSP and/or HCPs which provided a key mechanism to embed the organisation in the sector and understand issues faced by providers and communities. Connections were also readily formed between PICAC providers and others through attendance at board meetings and working groups.

Linkages with aged care providers would be stronger if cultural awareness training was mandatory and a key part of the Australian Aged Care Quality Agency Standards. PICAC providers feel cultural awareness training is viewed as voluntary or 'box ticking' by some aged care organisations, and diversity in aged care practice will not occur until it is mandated.

Many evaluation participants recounted the success of the CPP in connecting PICAC providers with the community. The CPP provided a reason for regular meetings between PICAC providers and community organisations through which participants became aware of existing services, resources and challenges in CALD communities. The cessation of this, and other similar programs, has simultaneously increased demand for PICAC services and reduced connections.

In the past there was stronger connection with, and coordination of, CALD ageing services. PICAC providers had a formal funded network chair role, and through this position there was greater awareness of providers and program offerings, and less duplication of effort. It helped organisations work synergistically to serve their clients and assisted smaller service providers in competing with larger aged care organisations. To retain this function, PICAC WA recently formed the Association for Culturally Appropriate Services to facilitate the connections and resource sharing between CALD service providers and CALD community groups.

Better coordination and even greater integration between PICAC providers and aged care programs would help PICAC providers identify the ongoing needs of CALD seniors and develop innovative ways to help them.

At a policy level, PICAC providers did not participate directly in the development of the Aged Care Diversity Framework, nor the CALD Action Plan which meant existing learnings, observations and connections have not been utilised. Currently providers feel they're not 'invited to the table' when

"The...accumulated specialist knowledge, experience and expertise [of PICACs] needs to be better harnessed and used strategically in the aged and community care sector. The national PICAC Alliance needs to be identified and resourced to engage nationally with My Aged Care, CHSP, packaged care and residential care programs and initiatives."

PICAC provider

4. Appropriateness of the PICAC program

pertinent Department programs or policies are being developed.

4.4. PICAC program gaps

Through consultation paper responses and interviews with community members it was clear there is a definite need to help aged care providers deliver culturally appropriate care and empower CALD community members to access services. It was also thought that the demand for PICAC services was increasing primarily owing to the increasing numbers of older Australians from a non-English speaking background and the complexity of the aged care system.

Greater opportunity for PICAC providers to have input into relevant CALD aged care issues at a national level, through the Department, would be beneficial. In the past PICAC providers were charged with mentoring the CPP projects and in having input regarding priorities and directions for CALD aged and community care. This worked well, capitalising resources and minimising duplication. Greater recognition of PICAC providers, through invitations to contribute to such programs and policies, would also help reduce overlap with FECCA activities plus ensure all expertise is utilised and messaging to CALD communities and service providers remains consistent.

As stated, there is a strong need to offer CALD seniors 1:1 help to access and navigate the aged care system, but PICAC providers are currently insufficiently resourced to provide this. Also, reaching regional communities and delivering Indigenous-specific cultural awareness training are two Program gaps. The development of resources such as webinars and teleconference facilities (at a national level) for regional people would partly help bridge this gap.

Finally, PICAC providers and many organisational representatives were of the opinion that the current Program funding was too low to meet demand, and had not shifted sufficiently since 2011 levels to meet wage increases. PICAC providers in smaller jurisdictions felt funding should be consistent across all states and territories. Efficiencies and stronger messaging could be realised through nationally-consistent core Program elements and in the development of resources at a national level.

“PICAC program priorities need to be identified. Currently the Program is spread too thin.”

PICAC provider

4.5. Summary of findings

The PICAC program aligns well with the Department’s priority to deliver an aged care system in which the diverse characteristics and life experiences of older people are valued. Other findings related to the appropriateness of the Program were:

- PICAC providers are very well placed to guide organisations around the parameters of the Aged Care Diversity Framework and the (to be released) CALD Action Plan.
- There is a wide range of linkages between PICAC providers and other programs within the aged care sector. However, linkages could be strengthened by:
 - mandatory cultural awareness training for service providers
 - formal, funded leadership roles for PICAC providers, as demonstrated in the past through network chair responsibilities and involvement in the CPP.

4. Appropriateness of the PICAC program

- The Department could better utilise the expertise within the Program when developing national policies related to the Program's target groups.
- The Program is well placed to align with the Department's desire to improve consumer choice however PICAC providers (and community organisations) are not sufficiently resourced to undertake this role as generally speaking the CALD cohort require 1:1 assistance in navigating the aged care system.
- Current Program funding levels may be insufficient to meet existing and growing demand for services.
- Reaching regional communities and delivering Indigenous-specific cultural awareness training are additional Program gaps.

5. PICAC program impact

5. PICAC program impact

5.1. Introduction

This chapter outlines the difference made by the PICAC program, in particular its impact on:

- Supporting aged care providers to deliver culturally appropriate care
- Increasing service access for CALD communities and empowering them to be more informed and have a greater voice.

Suggestions for improvement are also reported.

This chapter is informed by consultation paper responses and interviews with organisations that have received PICAC services.

5.2. Impact on aged care providers

5.2.1. What is working and why?

More than three-quarters of consultation paper respondents who had used PICAC services (79%) reported that the Program helped them to deliver culturally appropriate services and care. For these respondents, the following PICAC services were viewed as integral to improving culturally appropriate service provision:

- Direct organisational support
- Information and resources
- Collaborative input into service provision
- Professional development and workforce training opportunities.

“Apart from excellent access to expertise and resources, I find the centre is great for being able to get clients up to speed on culturally appropriate care in a quick and cost-effective manner.”

Aged care consulting firm in the not-for-profit sector

Most areas of PICAC service delivery were viewed favourably, though there were regional variations that affected how respondents viewed aspects of the PICAC service.

For the most part PICAC services, including information and support, workshops and training, policy advice and networking, all received favourable comments from respondents. Furthermore, the resources made available (including via websites) were highlighted as a successful element of the Program along with, less commonly, advocacy and community engagement. Most aged care providers interviewed reported they found PICAC providers to be passionate and knowledgeable, and the training to be of a high quality.

5.2.2. What is not working and why?

While most aged care providers were satisfied with PICAC services received, some negative feedback received in response to the consultation paper related to:

5. PICAC program impact

- Poor attendance at, and cancellation of, workshops
- Cost of training/workshops imposed by some providers
- Suboptimal awareness of the PICAC program
- Limited reach to regional and rural areas
- Lack of organisational commitment to cultural competency within some aged care services which made them less receptive to PICAC services.

“In past year three new interesting workshops were scheduled, but were cancelled the day before due to insufficient numbers...For the last cancelled workshop the ‘insufficient numbers’ counted 12 participants, think about the knowledge for those 12 organisations.”

Aged care provider

In addition, stakeholders noted that the ability of aged care staff to implement their learnings following a PICAC workshop or training could be compromised by time constraints, under-staffing, organisational culture or high staff turnover. These factors could also potentially limit the extent to which Program outcomes could be maintained.

5.3. Impact on CALD communities

As stated in earlier sections, the focus placed on CALD community engagement by PICAC providers was variable due to uncertainty around the Program objectives. Feedback related to the impact on those CALD communities that did engage with the Program is summarised below.

5.3.1. What is working and why?

Most PICAC providers ran regular networking and information sessions for CALD communities. Many respondents to the consultation paper noted how beneficial these sessions were in connecting and supporting community members. A provider working with the CALD community commented that networking through regular meetings was essential for smaller organisations, and that the PICAC provider had been facilitating this well for their service.

“The program of training and support for smaller CALD communities are good. The networking through regular meetings in the different states and territories is essential.”

Provider working with people of CALD

Increased access to care by CALD community members

Two thirds of consultation paper respondents (67%) reported that the Program helps community members access aged care services. Those who did not feel the program helped CALD community members access aged care believed that the PICAC program was not designed to help consumers/CALD communities directly, but rather service providers.

“As an advocate I have noted how the program strengthens the voice of individual communities but also the broader 'collective' voice of issues and concerns facing CALD communities.”

Dementia and carer advocate

A more informed and represented community

The majority of consultation paper respondents (83%) reported that the Program helps the CALD community be

5. PICAC program impact

more informed and have a greater voice. Advocacy and community engagement were key elements of this.

Of the small number of respondents who did not feel this was the case, comments (and subsequent interviews) suggested this may be specific to two jurisdictions.

5.3.2. What is not working and why?

As discussed in *Section 4.2.2*, My Aged Care was reported to present a significant barrier to older people, especially those from CALD backgrounds (whose literacy levels and computer skills are often poor) from accessing the aged care system. This is consistent with The My Aged Care Accessibility project findings which stated:

There are many reasons that CALD older Australians don't access My Aged Care. There are many barriers. PICAC doesn't address most of these barriers and therefore can only have a limited impact on increasing access.

(Multicultural Communities Council of Illawarra, 2017)

Again, many stakeholders suggested that CALD seniors need individual support and case management to access and navigate the system.

“Using interpreters through My Aged Care is not enough. It makes for a three way conversation which can make the older person terribly confused. People don't understand the questions.”

CALD community care organisation

5.4. Suggestions for improvement

5.4.1. Feedback provided by individuals who had not received services

Respondents who had and had **not** accessed PICAC services were asked what support services were necessary to ensure the CALD community receives quality care in the current climate of aged care reform. Several themes emerged, including:

- Provision of culturally appropriate and multi-lingual resources and staff
- Provision of care navigators
- Up-skilling of mainstream workforce and strengthening of the CALD workforce.

These are described below.

Culturally appropriate resourcing

Having culturally appropriate information translated into other languages, as well as bilingual staff and volunteers were identified as key supports needed. Along with this, community engagement (e.g. through community organisations) and promoting awareness within communities were identified as important.

Care navigators

5. PICAC program impact

Further, as mentioned, the need for navigators to help individuals and families through the aged care system and to identify available choices were deemed necessary by a number of respondents who noted the complexity of the system in general and additional barriers for CALD communities in particular.

A few CALD community service organisations felt able and well positioned to support members in this way given the established rapport, understanding and trust.

Another suggestion was a collaboration with the Community Visitors Scheme whereby volunteers are trained to help individual CALD seniors access My Aged Care.

Enhanced workforce

While ongoing support for mainstream facilities was highlighted, it was also suggested that community organisations and CALD specialist agencies receive more funding to better serve their own populations and help them navigate the aged care system. Both mainstream workforce training and the development of the CALD workforce (and volunteers) in aged care were seen as important supports.

A number of governance suggestions in various contexts were also raised, including:

- A separate CALD 'section' within the aged care system
- An ombudsman to handle complaints
- Guidelines and accreditation systems to support culturally competent care
- A link between PICAC and the Quality Agency.

5.4.2. Feedback provided by service users

Consultation paper respondents who **had** used PICAC services were asked for more specific suggestions for improvements to the PICAC program itself. The most commonly cited areas for improvements highlighted through the responses were:

- An increase in funding and resources for PICAC providers
- Greater collaboration
- Changes to workshops and training opportunities
- Additional services and activities.

These are described in more detail below.

Funding and resources

Respondents most commonly identified increased funding as a suggested improvement, either directly or indirectly (i.e. by

"A serious issue for older people from CALD backgrounds is access to services that they can easily and unquestionably identify as being able to provide them with culturally sensitive and appropriate services."

Dementia and carer advocate

"The only criticism was that they were overstretched and therefore not as available as we would have liked."

Aged care provider

5. PICAC program impact

asking for more workshops, more materials, more translations). A number of respondents indicated that PICAC officers were ‘overstretched’, which at times affected their responsiveness, and that more funding for them to do more of what they are doing would be welcomed. This funding might be allocated toward delivery of more workshops and training, more regular visits to aged care and CALD community organisations and Program reach extending to rural and remote areas. It may also result in a reduced need for organisations to charge for services, including conference registration, which was reported to compromise access for smaller community organisations.

It was felt that increased funding could also facilitate improvements in services, for example, more diverse consultations and coverage of a broader range of topics that services and service-users may benefit from.

Efficiencies and stronger messaging could be realised through nationally-consistent core program elements and in the development of resources.

Greater collaboration

Across a number of jurisdictions, greater collaboration with other organisations and connection to local CALD communities and providers was a repeated suggestion for improvement. A limited number of comments received through the consultation paper suggested broadly that greater collaboration would improve service, while others suggested that a current lack of a collaborative culture, a focus on PICAC providers’ needs (rather than communities’) and poor engagement with relevant CALD communities are issues affecting the PICAC program’s responsiveness to local communities.

“They [PICAC provider] don’t provide anything to CALD organisations and don’t advocate on behalf of CALD people. They don’t listen to feedback and are defensive – it’s a waste of time providing it.”

CALD community care organisation

Workshops and training

Regarding the delivery of workshops and training, suggestions for improvement included:

- More training, more regular training and follow-up training
- Running workshops even when numbers were low (i.e. avoiding cancellation)
- Shorter training sessions to make it easier to take time from work to attend (e.g. ½ rather than full day training)
- Make workshops more interactive and ‘hands-on’
- Face-to-face and onsite training
- Support (e.g. subsidised travel voucher) to attend training.

Additional information resources were suggested by a number of participants, including a wider selection of topics, more translated materials and translation into a wider variety of languages. Increasing awareness (among the general public, aged care providers, government and My Aged Care) of the PICAC program was also a suggested improvement.

5. PICAC program impact

Additional services/activities

Consultation paper respondents were invited to suggest additional services that could be offered through the PICAC Program. Suggestions included:

- Demonstration and communication of best practice models of multicultural aged care
- Mentoring of CALD aged care workers to provide greater understanding of the Australian aged care system and workplace practices
- Links to volunteers from non-English speaking backgrounds.

“The focus of the PICAC program is sector development through training and education. It is important that this focus be consolidated and continually improved as there is such a significant need for developing the cultural competencies of the aged care industry.”

Aged care provider

The importance of collaboration, engagement and communication with relevant stakeholders (especially CALD communities) to deliver additional activities was also stressed. This included:

- Community development programs to deliver information to CALD communities
- Direct involvement with Commonwealth and state/territory departments to advocate for CALD aged care needs
- Strengthening the capacity of the PICAC program to assist and support ideas emerging from community experience and feedback
- Co-offering PhD research scholarships.

5.5. Summary of findings

It was evident through feedback from aged care providers that had received PICAC services that most felt the Program was helpful. In particular:

- Continuation or expansion of current services, e.g. more education and training, network meetings and opportunities, forums and events, was seen as important to ensure PICAC providers remained consistent with the function they are there to serve – i.e. sector development through training and education.
- Almost four in five consultation paper respondents who had used PICAC services reported that the Program helped them to deliver culturally appropriate services and care. In particular the information and support, workshops and training, policy advice and networking were highlighted as helpful elements of the Program.
- Cancellations of workshops, cost and lack of (aged care) organisational buy in and staff turnover were thought to be barriers to receiving and then implementing PICAC training.
- Regular networking events and information sessions targeting CALD communities were well received with 83% of consultation paper respondents reporting the Program helped CALD community members be more informed and have a greater voice and 67% agreeing that the Program helped community members access aged care.

5. PICAC program impact

- However, the ability of the Program to significantly empower older people from CALD backgrounds was limited due to the complexity of the aged care system and significant obstacles CALD people face when using My Aged Care.
- Suggestions for improvement included more culturally appropriate resources about aged care, care navigators to provide direct assistance navigating the aged care system, greater funding to improve Program reach and improved collaboration.

6. Conclusions

6. Conclusions

Almost all stakeholders recognised the passion and expertise of PICAC providers and the strong need for the Program. Service recipients reported PICAC activities to be on the whole helpful or very helpful for their organisation. Furthermore, the Program is well aligned with the Department's priorities of consumer choice and valuing diversity in aged care. However the complex nature of the aged care system and additional challenges faced by older people from CALD communities means the level of assistance required is unable to be delivered by the Program at current funding levels. Reaching rural and remote aged care services and CALD community organisations has also proven challenging at the current funding levels.

There is a strong need to clearly define the objectives, expected outcomes and priorities of the PICAC program. Establishing consensus on best practice culturally appropriate aged care would also help identify the core elements of the Program and enable providers to deliver services more consistently and efficiently, plus clearly communicate Program scope to target organisations.

Appendix A. Service model profiles

Appendix A. Service model profiles

A.1. New South Wales/Australian Capital Territory

Background information

Organisation name	Multicultural Communities Council of Illawarra (MCCI)
Organisation overview (other services the organisation provides)	MCCI has over 40 years' experience working with CALD communities. MCCI have also been delivering aged and disability support programs since 1985 and recently became a HCP approved provider. Programs offered include CHSP program for CALD, CALD carer program, Multicultural meals on wheels, links to learning program, multicultural men's shed. The head office is in Wollongong NSW.
Commencement of PICAC program delivery	2011
FTE and roles of staff members dedicated to the PICAC program	3.0 FTE staff including: <ul style="list-style-type: none"> • Manager (1FTE) • Senior Project Officer (1FTE), • Project officer (part time) • Education and training officer (part time) • Marketing and communications & project support personnel (casual), as needed.
PICAC staffing allocation changes since 2011	Previously had 4xFTE positions at 38 hours per week. Currently any FTE positions are 35 hours per week.
<p>In addition to the funding received from the Department of Health for PICAC program delivery, the organisation is supported by:</p> <p>Funding from other sources Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In-kind support Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Details:</p> <ul style="list-style-type: none"> • Organisations requesting tailored training are charged \$880 for training sessions in order to recover some costs. There are about six sessions per year. 	

Appendix A. Service model profiles

PICAC services provided

Coordination of expos or conferences	<input checked="" type="checkbox"/>	Attendance or presentations at expos or conferences	<input checked="" type="checkbox"/>
Referrals and information provision via phone	<input checked="" type="checkbox"/>	Board or committee member for other organisations	<input checked="" type="checkbox"/>
Face to face meetings / support	<input checked="" type="checkbox"/>	Website maintenance and updates	<input checked="" type="checkbox"/>
Newsletters	<input type="checkbox"/>	Presentations to aged care providers	<input checked="" type="checkbox"/>
Presentations to CALD community groups	<input checked="" type="checkbox"/>	Advocacy work (not one on one)	<input checked="" type="checkbox"/>
Development of resources	<input checked="" type="checkbox"/>	Facilitates connections between CALD aged care providers and community groups	<input checked="" type="checkbox"/>
Engagement with TAFE or universities to train aged care students – provide resources and feedback on content	<input checked="" type="checkbox"/>	Offers guidance to aged care providers around managing staff from CALD backgrounds	<input checked="" type="checkbox"/>
Translation services – as it relates to resources	<input checked="" type="checkbox"/>	Networking	<input checked="" type="checkbox"/>
Workshops or other education sessions	<input checked="" type="checkbox"/>	Library services	<input type="checkbox"/>

Promotion of PICAC services

Newsletters	<input checked="" type="checkbox"/>	Discuss at stakeholder or committee/board meetings	<input checked="" type="checkbox"/>
Meet with government and/or community organisations to discuss program offerings	<input checked="" type="checkbox"/>	Mail out	<input type="checkbox"/>
Email	<input checked="" type="checkbox"/>	Direct phone calls to target groups	<input checked="" type="checkbox"/>
Attend networking events	<input checked="" type="checkbox"/>	Other: <i>Expos</i>	<input checked="" type="checkbox"/>

Targeting

Organisations and groups targeted

Both CALD community organisations and aged care providers are targeted.

Reasons for targeting

CALD communities

- To gain a better understanding of the issues and barriers, identify new and emerging issues, what resources are needed, raise awareness about various services available

Aged care providers (across all areas)

- To gain a better understanding of the issues they may face in delivering culturally appropriate services, assist them to understand the cultural diversity of clients, identify what resources they may need, develop relevant resources, link them with communities in need of services.

Appendix A. Service model profiles

Changes in targeting or program offering (since 2011)

- New and emerging CALD communities (e.g. Burmese, Persian, Refugee cohorts) and increased numbers in Chinese and South-Asian communities who are not able to rely on family supports and have little knowledge and awareness about aged care services.
- Service providers who are aiming to be more inclusive invite MCCI's participation in developing their training modules for staff, engaging with CALD communities, resources being developed etc.
- Demands increasing to be involved in various reform initiatives, consultations, and research activities.

Collaboration

Collaboration dependent on project/context. Although this list is not exhaustive, MCCI's collaborative partners include:

- Continenence Foundation of Australia (CFA)
- Program of Excellence in the Palliative Approach (PEPA)
- Seniors Rights Service (NSW)
- HammondCare
- Cardinal Stepinac Village
- Alzheimer's ACT
- ADACAS (ACT)
- Dementia Australia
- Carers Australia (NSW & ACT)
- Multicultural Health
- ACT Health
- DOH
- My Aged Care
- Carer Gateway
- NSW Nurses & Midwives Assoc
- FECCA
- PICAC Alliance organisations
- AACQA
- ACSA
- LASA
- COTA ACT
- ECC NSW
- TAFE
- CIT
- SriOm Care
- SAMAA
- CMCF (Canberra Multicultural Communities Forum)
- IRT
- Catholic Healthcare
- Warrigal Care
- Baptist Homes
- Regis Care
- ARK Healthcare
- Community Visitors Scheme (CVS) service providers
- Community Transport Australia (CTO)
- Diversional Therapy Australia
- Just Better Care
- Presbyterian Aged Care
- St Basil's
- ARV.

Appendix A. Service model profiles

My Aged Care project organisations MCCI has collaborated with include:

- Chinese Australian Services Society (CASS)
- Chinese Welfare South Australia
- City of Parramatta Council – (Community Care)
- CO.As.IT
- Croatian Catholic Centre – Wollongong
- Croatian Australian Welfare Association
- Cumberland Council
- Ethnic Community Service Co-operative,
- Ethnic Link Services - Uniting Care Wesley Port Adelaide
- Hunters Hill Council
- Inner West Council
- Leep ngo
- Manly Warringah Pittwater Community Aid Service Inc
- Multicultural Access Project Officers (MAPs)
- North Ryde Community Aid & Information Centre
- NSW Health – BMDH Blacktown Campus
- NSW SWSLHD
- Shellharbour City Council
- Specialist Mental Health Service for Older People (NSW Health)
- Uniting.

Feedback and evaluation mechanisms

- All training sessions are evaluated and feedback is used for further improvements.
- All CALDWays events are evaluated.
- Expos attended are used to gather information via short surveys of consumers.
- Informal feedback is gathered from community events and forums where MCCI is invited to present.
- Informal feedback is gathered from meetings attended with organisations and/or networks which feeds into MCCI's events and resource development.
- Responses to the information and/or resources disseminated are gauged and feedback is taken on-board. For example, MCCI has been involved, as part of the NSWNMA Aged Care Round Table, in the *10 Questions* leaflet series. Feedback from CALD communities is that they would like to be able to have those resources in-language. As a result, MCCI translated one leaflet into Turkish and Hindi and tested them with the respective communities. The development process included community engagement along the various steps including the actual colour designs of the leaflet. This is to ensure that when individuals see the leaflet they can identify it with their culture and are more likely to pick it up and read it.

Appendix A. Service model profiles

A.2. Northern Territory

Background information

Organisation name	Council on the Ageing (COTA) NT
Organisation overview (other services the organisation provides)	COTA NT provides information, support and advocacy for seniors in the NT and runs a number of programs.
Commencement of PICAC program delivery	2004
FTE and roles of staff members dedicated to the PICAC program	1 FTE
PICAC staffing allocation changes since 2011	No change in FTE
<p>In addition to the funding received from the Department of Health for PICAC program delivery, the organisation is supported by:</p> <p>Funding from other sources Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In-kind support Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p> <ul style="list-style-type: none"> • Commonwealth funding to run Home Care Packages 	

PICAC services provided

Coordination of expos or conferences	<input type="checkbox"/>	Attendance or presentations at expos or conferences	<input checked="" type="checkbox"/>
Referrals and information provision via phone	<input checked="" type="checkbox"/>	Board or committee member for other organisations	<input type="checkbox"/>
Face to face meetings / support	<input checked="" type="checkbox"/>	Website maintenance and updates	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	Presentations to aged care providers	<input checked="" type="checkbox"/>
Presentations to CALD community groups	<input checked="" type="checkbox"/>	Advocacy work	<input type="checkbox"/>
Development of resources	<input checked="" type="checkbox"/>	Facilitates connections between CALD aged care providers and community groups	<input checked="" type="checkbox"/>
Engagement with TAFE or universities to train aged care students	<input checked="" type="checkbox"/>	Offers guidance to aged care providers around managing staff from CALD backgrounds	<input checked="" type="checkbox"/>
Translation services	<input checked="" type="checkbox"/>	Networking	<input checked="" type="checkbox"/>
Workshops or other education sessions	<input type="checkbox"/>	Library services	<input type="checkbox"/>

Promotion of PICAC services

Appendix A. Service model profiles

Newsletters	<input type="checkbox"/>	Discuss at stakeholder or committee/board meetings	<input type="checkbox"/>
Meet with government and/or community organisations to discuss program offerings	<input checked="" type="checkbox"/>	Mail out	<input type="checkbox"/>
Email	<input checked="" type="checkbox"/>	Direct phone calls to target groups	<input checked="" type="checkbox"/>
Attend networking events	<input checked="" type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Targeting

Organisations and groups targeted

There is a focus on the smaller and emerging CALD community organisations that are new to Australia and often isolated compared to the bigger groups.

Reasons for targeting

They are most in need to know how to access aged care services.

Changes in targeting or program offering (since 2011)

The program has offered more structured and up to date cultural awareness sessions using PowerPoint presentations and engaging images.

Collaboration

Collaborations include the Continece Foundation and Dementia Australia.

Feedback and evaluation mechanisms

- Prior to an aged care provider session PICAC NT touches base with the organisation to understand needs and focus of the session, cultures and languages spoken within the organisation.
- Feedback is collected from attendees at the end of a session.

Appendix A. Service model profiles

A.3. Queensland

Background information

Organisation name	Diversicare, Ethnic Communities Council of Queensland
Organisation overview (other services the organisation provides)	Diversicare also offers Home Care Packages, Commonwealth Home Support Programme, Multicultural Advisory Services and the Community Visitor Scheme.
Commencement of PICAC program delivery	Around 2004
FTE and roles of staff members dedicated to the PICAC program	2.2 FTE, including: <ul style="list-style-type: none"> • Team Leader x 1 • Project Officer x 2 • Program Support Officer x 1
PICAC staffing allocation changes since 2011	Diversicare used to employ 3.1 FTE, but the PICAC funding has not 'kept pace' with increased costs (including award) and now supports 2.2 FTE employees.
<p>In addition to the funding received from the Department of Health for PICAC program delivery, the organisation is supported by:</p> <p>Funding from other sources Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In-kind support Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p> <ul style="list-style-type: none"> • Diversicare receives Commonwealth funding for Home Care Packages, Commonwealth Home Support Programme, Multicultural Advisory Services, and the Community Visitor Scheme. • The PICAC program offers sponsorship opportunities to other organisations and also apply for extra one-off grants when available. For example, the Queensland Government offers small grants (up to \$1000) to run seniors events during Seniors Week. These are only small, occasional and 'hard to predict' sources of funding. • Diversicare also has a close relationship with the local TAFE and have hosted students from CALD backgrounds who develop for us cultural profiles and do some promotion of the aged care system in their communities. 	

Appendix A. Service model profiles

PICAC services provided

Coordination of expos or conferences	<input checked="" type="checkbox"/>	Attendance or presentations at expos or conferences	<input checked="" type="checkbox"/>
Referrals and information provision via phone	<input checked="" type="checkbox"/>	Board or committee member for other organisations	<input checked="" type="checkbox"/>
Face to face meetings / support	<input checked="" type="checkbox"/>	Website maintenance and updates	<input checked="" type="checkbox"/>
Newsletters	<input checked="" type="checkbox"/>	Presentations to aged care providers	<input checked="" type="checkbox"/>
Presentations to CALD community groups	<input checked="" type="checkbox"/>	Advocacy work	<input type="checkbox"/>
Development of resources	<input checked="" type="checkbox"/>	Facilitates connections between CALD aged care providers and community groups	<input checked="" type="checkbox"/>
Engagement with TAFE or universities to train aged care students	<input checked="" type="checkbox"/>	Offers guidance to aged care providers around managing staff from CALD backgrounds	<input checked="" type="checkbox"/>
Translation services	<input checked="" type="checkbox"/>	Networking	<input checked="" type="checkbox"/>
Workshops or other education sessions	<input checked="" type="checkbox"/>	Library services	<input type="checkbox"/>
Other: <i>Support for university researchers in regards to CALD ageing research</i>			<input checked="" type="checkbox"/>

Promotion of PICAC services

Newsletters	<input checked="" type="checkbox"/>	Discuss at stakeholder or committee/board meetings	<input checked="" type="checkbox"/>
Meet with government and/or community organisations to discuss program offerings	<input checked="" type="checkbox"/>	Mail out	<input type="checkbox"/>
Email	<input checked="" type="checkbox"/>	Direct phone calls to target groups	<input type="checkbox"/>
Attend networking events	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

Targeting

Diversicare does not target specific groups, but tends to focus on groups that may present higher needs. For instance, Dutch and Finnish groups have excellent English language and literacy skills, making it easier to navigate the aged care system. Conversely, Tamil and Burmese groups have lower literacy and education levels and therefore need more help.

We are committed to support any community and any aged care provider, but we believe it is important to recognise those with 'higher needs'.

Changes in targeting or program offering (since 2011)

- Diversicare tries to work with groups that have never had information about aged care, and are always trying to find new groups.
- Some CALD communities are so big (i.e. Vietnamese) that there are always new members who were never exposed to any information.

Appendix A. Service model profiles

Collaboration

Most of Diversicare's work is collaborative, as the organisation supports the aged care sector. Collaborations have included (but are not limited to):

- Palliative Care QLD
- Contenance Foundation of Australia
- Dementia Australia
- University of Queensland
- QLD Health
- QPASTT
- Vietnamese Health Professionals Association
- Tamil Seniors Association

Feedback and evaluation mechanisms

- Feedback is collected at the end of CALD community sessions via a written survey, and also obtained through community leaders about what works and what is needed.
- A formal training needs analysis is run for aged care providers (face-to-face meetings to discuss specific needs of each organisation before training sessions are delivered).
- Aged care staff are asked to complete an evaluation form at the end of the session and distribute certificates of attendance.
- A general customer satisfaction survey is conducted every two years.

Appendix A. Service model profiles

A.4. South Australia

Background information

Organisation name	Multicultural Aged Care Inc. (MAC)
Organisation overview (other services the organisation provides)	MAC was founded in 1993 as <i>The Association of Ethnic Organisations for Aged Care</i> . The organisation provides the Commonwealth Home Support Programme in addition to PICAC Program activities.
Commencement of PICAC program delivery	1997
FTE and roles of staff members dedicated to the PICAC program	MAC has eight staff, each with a PICAC program allocation, including: <ul style="list-style-type: none"> • 1 x 0.8 FTE across the week • 3 x 0.3 FTE across the week.
PICAC staffing allocation changes since 2011	-
<p>In addition to the funding received from the Department of Health for PICAC program delivery, the organisation is supported by:</p> <p>Funding from other sources Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In-kind support Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p> <ul style="list-style-type: none"> • Two grants from the Commonwealth Home Support Programme • Other organisations may provide venues, resources. 	

Appendix A. Service model profiles

PICAC services provided

Coordination of expos or conferences	<input checked="" type="checkbox"/>	Attendance or presentations at expos or conferences	<input checked="" type="checkbox"/>
Referrals and information provision via phone	<input checked="" type="checkbox"/>	Board or committee member for other organisations	<input checked="" type="checkbox"/>
Face to face meetings / support	<input checked="" type="checkbox"/>	Website maintenance and updates	<input checked="" type="checkbox"/>
Newsletters	<input checked="" type="checkbox"/>	Presentations to aged care providers	<input checked="" type="checkbox"/>
Presentations to CALD community groups	<input checked="" type="checkbox"/>	Advocacy work	<input checked="" type="checkbox"/>
Development of resources	<input checked="" type="checkbox"/>	Facilitates connections between CALD aged care providers and community groups	<input checked="" type="checkbox"/>
Engagement with TAFE or universities to train aged care students	<input checked="" type="checkbox"/>	Offers guidance to aged care providers around managing staff from CALD backgrounds	<input checked="" type="checkbox"/>
Translation services	<input checked="" type="checkbox"/>	Networking	<input checked="" type="checkbox"/>
Workshops or other education sessions	<input checked="" type="checkbox"/>	Library services	<input checked="" type="checkbox"/>
Other: <i>Mobile library services, inter-library loans</i>			<input checked="" type="checkbox"/>

Promotion of PICAC services

Newsletters	<input checked="" type="checkbox"/>	Discuss at stakeholder or committee/board meetings	<input checked="" type="checkbox"/>
Meet with government and/or community organisations to discuss program offerings	<input checked="" type="checkbox"/>	Mail out	<input checked="" type="checkbox"/>
Email (<i>survey providers at the start of the year</i>)	<input checked="" type="checkbox"/>	Direct phone calls to target groups	<input checked="" type="checkbox"/>
Attend networking events	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

Targeting

Organisations and groups targeted

CHSP funded – 26 CALD specific CHSP funded including:

- African Communities Council (ACC)
- ANFE
- CIC
- CO.AS.IT
- Croatian
- CWS
- Dutch Aged Care
- German SASA
- GoCSA
- GWC
- Hungarian Caritas
- ICC
- Latvian Association
- Laima Aged Care

Appendix A. Service model profiles

- MACASA
- MCCA
- MCESS
- Multicultural Forum
- MWA
- OCA
- PISA
- Federation of Polish Organisations
- Serbian-Montenegrin
- St Basils Plateia
- Ukrainian Social Services
- Vietnamese Community Aged Care Services
- Vietnamese Women's Association.

Priority CALD residential facilities:

- Amber Care
- Bene (3 sites)
- Pennwood Aged Care Village
- Rembrandt Court
- St Anna's
- St Basil Homes (3 sites)
- St Hilarion
- Ridleyton Greek Home for the Aged.

CALD community groups – 40 including:

- Bhutanese community
- Chinese Welfare Services
- Filipino Aged Care
- German Speaking Aged Services Association
- Greek Pensioners & Aged Society SA
- Federation of Indian Communities SA
- Fiji Seniors Club SA
- Hungarian Caritas
- Association of Hungarian Aged and Invalid Persons
- Adelino Anklung (Indonesian)
- Kastoria, Lebanese CAC
- MCESS
- MACASA
- Maltese Guild, Maltese Seniors
- Pan Mac
- Polish Federation
- Polish Link with Seniors Enfield
- St Catherine Society of SA (Maltese)
- Serbian Australian Senior Citizens
- St Sava Serbians – Hindmarsh
- Vietnamese Community in Australia.

Generalist:

- ACSA
- Anglicare SA
- ACH
- Collaborative Projects
- ECH
- Eldercare
- Helping Hand
- Marion Council
- City of Salisbury
- Resthaven
- Southern Cross Care
- Uniting Communities

Appendix A. Service model profiles

- Uniting SA.

Reasons for targeting

- Provide CALD information, resources, training and networking opportunities so that CALD older people can access aged care information and services
- Showcase CALD targeted and responsive information, resources, training;
- Help all aged care service providers better provide targeted information, resources and training services to older people from CALD backgrounds.

Changes in targeting or program offering (since 2011)

Since 2012 MAC has supported (newly funded CHSP) Muslim Women Association, Macedonian Services and African Communities Council to engage with the aged care sector, deliver targeted and responsive services to their older people and to deliver accountable services etc.

Since 2011 MAC has:

- Used 2011 census data and targeted consultations to identify emerging priority groups and issues.
- Engaged with new and emerging community groups including African, Indian, Fijian-Indian, Filipino, Indonesian, Sri-Lankan and Bhutanese communities
- Done concentrated work on religion and spirituality related to Jewish, Muslim and Buddhist faiths
- Focussed on topics such as dementia, palliative care, advance care directives.

Collaboration

MAC works with the organisations as listed above as well as others* to collaborate, network and create partnerships to deliver better practice targeted and responsive information and services to older CALD persons. The organisation delivers eight sector-wide networking sessions per year.

*AAQA, ACCEI Working Group, CarersSA, Carer Support, Catalyst Foundation, City of Marion, City of Playford, CALD Volunteering, CHSP Managers, Collaborative Projects (12 metro and regional), Diversional Therapist Murray Mallee Aged Care Group, Adelaide University/G-Trac Frailty Project, DCSI Disability Unit, Flinders University Ageing Conference, Supported Decisions Making Group, SA Division Gerontology.

Feedback and evaluation mechanisms

- Once a year (December-January) MAC conducts an extensive online survey to identify priority issues and foci for the information and training program. The collation and analysis is used to fine tune the topics and resources for the program of training workshops in the calendar year.
- An evaluation form is completed by training participants at the end of each session/workshop (50 pa) to inform the delivery of future sessions.
- Four *Culture in Ageing* sessions are specifically targeted for evaluation to inform the priority topics for care workers, lifestyle coordinators.

Appendix A. Service model profiles

A.5. Tasmania

Background information

Organisation name	Migrant Resource Centre (MRC) Tasmania
Organisation overview (other services the organisation provides)	MRC was established in 1979 by Tasmanian migrant communities. Offerings include the Phoenix Centre, settlement and community services, helping clients with mental health problems, offering refugee and new migrant services, offering CHSP. MRC serves 1,500 to 2,000 clients per month, and over 40 languages are spoken by staff members.
Commencement of PICAC program delivery	1997
FTE and roles of staff members dedicated to the PICAC program	1 FTE
PICAC staffing allocation changes since 2011	Staffing recently changed following the resignation of the long standing PICAC project officer.
<p>In addition to the funding received from the Department of Health for PICAC program delivery, the organisation is supported by:</p> <p>Funding from other sources Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In-kind support Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p> <ul style="list-style-type: none"> • Commonwealth funding for CHSP. 	

PICAC services provided

Coordination of expos or conferences	<input type="checkbox"/>	Attendance or presentations at expos or conferences	<input type="checkbox"/>
Referrals and information provision via phone	<input checked="" type="checkbox"/>	Board or committee member for other organisations	<input type="checkbox"/>
Face to face meetings / support	<input checked="" type="checkbox"/>	Website maintenance and updates	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	Presentations to aged care providers	<input checked="" type="checkbox"/>
Presentations to CALD community groups	<input checked="" type="checkbox"/>	Advocacy work	<input checked="" type="checkbox"/>
Development of resources	<input type="checkbox"/>	Facilitates connections between CALD aged care providers and community groups	<input checked="" type="checkbox"/>
Engagement with TAFE or universities to train aged care students	<input checked="" type="checkbox"/>	Offers guidance to aged care providers around managing staff from CALD backgrounds	<input checked="" type="checkbox"/>
Translation services	<input type="checkbox"/>	Networking	<input checked="" type="checkbox"/>
Workshops or other education sessions	<input checked="" type="checkbox"/>	Library services	<input type="checkbox"/>

Appendix A. Service model profiles

Promotion of PICAC services

Newsletters	<input type="checkbox"/>	Discuss at stakeholder or committee/board meetings	<input type="checkbox"/>
Meet with government and/or community organisations to discuss program offerings	<input checked="" type="checkbox"/>	Mail out	<input type="checkbox"/>
Email	<input checked="" type="checkbox"/>	Direct phone calls to target groups	<input checked="" type="checkbox"/>
Attend networking events	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

Targeting

No targeting reported.

Program offerings have changed due to introduction of CDC, as there’s a greater emphasis on training CALD community leaders now. CALD community organisations have included Ukrainian Association Tasmania, the Chinese community, Bhutanese Nepali and Ethiopian.

Collaboration

MRC Tasmania collaborates with Dementia Australia, the Tasmanian Association of Palliative and Hospice Care, state aged care services and advocacy groups.

Feedback and evaluation mechanisms

At the end of a workshop evaluation forms are distributed. Results are analysed to inform future sessions.

Appendix A. Service model profiles

A.6. Victoria

Background information

Organisation name	Centre for Cultural Diversity in Ageing (CCDA)
Organisation overview (other services the organisation provides)	The Centre for Cultural Diversity and Aged Care is a registered name under Anglican Aged Care Services Group.
Commencement of PICAC program delivery	1997
FTE and roles of staff members dedicated to the PICAC program	<ul style="list-style-type: none"> • 1 x FTE • 1x 0.6 FTE • 1x 0.8 FTE
PICAC staffing allocation changes since 2011	Staffing allocation has been reduced, as CCDA lost \$100K in funding when CPP ended and the 'core funding' has remained the same over time.
<p>In addition to the funding received from the Department of Health for PICAC program delivery, the organisation is supported by:</p> <p>Funding from other sources Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In-kind support Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p> <ul style="list-style-type: none"> • Received funding (\$60,000 x1) from the Department for website update • Anglican Aged Care Services Group (trading as Benetas) is an aged care provider and as such delivers residential and home care services 	

Appendix A. Service model profiles

PICAC services provided

Coordination of expos or conferences	<input checked="" type="checkbox"/>	Attendance or presentations at expos or conferences	<input checked="" type="checkbox"/>
Referrals and information provision via phone	<input checked="" type="checkbox"/>	Board or committee member for other organisations	<input checked="" type="checkbox"/>
Face to face meetings / support	<input checked="" type="checkbox"/>	Website maintenance and updates	<input checked="" type="checkbox"/>
Newsletters	<input checked="" type="checkbox"/>	Presentations to aged care providers	<input checked="" type="checkbox"/>
Presentations to CALD community groups	<input checked="" type="checkbox"/>	Advocacy work	<input checked="" type="checkbox"/>
Development of resources	<input checked="" type="checkbox"/>	Facilitates connections between CALD aged care providers and community groups	<input checked="" type="checkbox"/>
Engagement with TAFE or universities to train aged care students (<i>as website is accessed by TAFE, RTOs and universities</i>)	<input checked="" type="checkbox"/>	Offers guidance to aged care providers around managing staff from CALD backgrounds	<input checked="" type="checkbox"/>
Translation services	<input type="checkbox"/>	Networking	<input checked="" type="checkbox"/>
Workshops or other education sessions	<input checked="" type="checkbox"/>	Library services	<input type="checkbox"/>
Other: <i>Development of Inclusive Service Standards for aged care providers</i>			<input checked="" type="checkbox"/>

Promotion of PICAC services

Newsletters	<input checked="" type="checkbox"/>	Discuss at stakeholder or committee/board meetings	<input checked="" type="checkbox"/>
Meet with government and/or community organisations to discuss program offerings	<input checked="" type="checkbox"/>	Mail out	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>	Direct phone calls to target groups	<input checked="" type="checkbox"/>
Attend networking events	<input checked="" type="checkbox"/>	Other: <i>SBS radio, flyers, online</i>	<input type="checkbox"/>

Targeting

Organisations and groups targeted

CCDA has worked with an extensive number of aged care and CALD community organisations. For example, the *Building Community Capacity* project had the following communities/organisations participate:

- The Horn of African Communities
- Network Brotherhood of St Laurence
- Victorian Arabic Social Services Arabic Welfare Inc.
- Australian Croatian Community Services
- DutchCare
- Martin Luther Homes (German)
- Tbulam & Templer Home for the Aged (German)
- Australian Filipino Community Services
- Filipino Community Council of Victoria
- Australian Greek Welfare Society
- Co.As.It

Appendix A. Service model profiles

- Macedonian Community Welfare Association
- Southern Migrant and Refugee Centre
- Spectrum Migrant Resource Centre
- Australian Multicultural Community Services
- Ethnic Communities Council of Victoria (ECCV)
- Regional Information and Advocacy Council Inc.
- Russian Ethnic Representative Council of Victoria
- RUSCARE Ltd
- Serbian Community Association of Australia
- The Victorian Multiethnic Slavic Welfare Association Inc.
- Spanish Latin American Welfare Centre Inc. (CELAS)
- Ventana Hispana (Spanish Window) Inc.
- Tamil Catholic Association of Victoria
- Eelam Tamil Organisation
- Australian Turkish Association Inc.
- Kalyna Care (Ukrainian)
- Australian Vietnamese Women's Association
- Maltese Community Council of Victoria
- Fronditha Care (Greek)
- Australian German Welfare Society Inc.
- Anglo-Indian Australasian Association of Victoria Inc.
- Arpad Elderly Welfare Society Inc.
- Liberian Community Action for Unity Social & Economic Development Inc.
- Latvian Friendly Society Ltd
- Croatian Catholic Welfare Association
- Chinese Community Social Services Inc.
- Slovenian Welfare and Information Office Inc.

Reasons for targeting

Communities are targeted if the activity/event/consultations are of relevance to them.

Changes in targeting or program offering (since 2011)

- In the past, CCDA spoke directly to pensioner groups about 'options in aged care', but with the relative decrease in funding this became unsustainable.
- The expo and participation in Seniors Week are now the main ways of linking with communities.
- CCDA also promotes My Aged Care, the Complaints Commission etc.

Collaboration

CCDA collaborates with a plethora of other organisations. This includes, continence organisations, palliative care, Dementia Australia, Translation and Interpreting Services, the Department of Human Services, as well as research organisations and universities.

Feedback and evaluation mechanisms

- Workshop participants are asked to complete a paper survey.
- Ageing in Australia Conference attendees are invited to provide feedback.

Appendix A. Service model profiles

- Website users are invited to provide feedback via the website.

Appendix A. Service model profiles

A.7. Western Australia

Background information

Organisation name	Fortis Consulting
Organisation overview (other services the organisation provides)	Fortis Consulting is a boutique consulting firm and social enterprise which specialises in workforce and organisational development and community engagement to help clients to harness the potential of diversity, build capability and create an optimal culture, while achieving social and financial ROI targets.
Commencement of PICAC program delivery	2015 (contract signed late January 2016)
FTE and roles of staff members dedicated to the PICAC program	<ul style="list-style-type: none"> • Project Director (0.4FTE) • Researcher/Evaluator (0.1FTE) • Trainer/Developer/facilitator (0.8FTE) • Project Support - Clerical Officer (0.8FTE) • Project Support - Project Manager (0.4FTE) • Project Support - Project Specialists (0.2FTE)
PICAC staffing allocation changes since 2011	-
<p>In addition to the funding received from the Department of Health for PICAC program delivery, the organisation is supported by:</p> <p>Funding from other sources Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In-kind support Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p> <ul style="list-style-type: none"> • Fortis receives funds on a commercial basis for delivering private consulting services. • Fortis has won the following significant grants competitively: <ul style="list-style-type: none"> ○ A social innovation grant to develop a 12 module cultural awareness program ○ Funds to develop a 'keys to diversity' online program. 	

Appendix A. Service model profiles

PICAC services provided

Coordination of expos or conferences	<input checked="" type="checkbox"/>	Attendance or presentations at expos or conferences	<input checked="" type="checkbox"/>
Referrals and information provision via phone	<input type="checkbox"/>	Board or committee member for other organisations	<input checked="" type="checkbox"/>
Face to face meetings / support	<input checked="" type="checkbox"/>	Website maintenance and updates	<input checked="" type="checkbox"/>
Newsletters	<input type="checkbox"/>	Presentations to aged care providers	<input checked="" type="checkbox"/>
Presentations to CALD community groups	<input checked="" type="checkbox"/>	Advocacy work	<input checked="" type="checkbox"/>
Development of resources	<input checked="" type="checkbox"/>	Facilitates connections between CALD aged care providers and community groups	<input checked="" type="checkbox"/>
Engagement with TAFE or universities to train aged care students	<input checked="" type="checkbox"/>	Offers guidance to aged care providers around managing staff from CALD backgrounds	<input checked="" type="checkbox"/>
Translation services	<input checked="" type="checkbox"/>	Networking	<input checked="" type="checkbox"/>
Workshops or other education sessions	<input checked="" type="checkbox"/>	Library services	<input type="checkbox"/>
Other: <i>Social media – Facebook</i>			<input checked="" type="checkbox"/>

Promotion of PICAC services

Newsletters	<input type="checkbox"/>	Discuss at stakeholder or committee/board meetings	<input checked="" type="checkbox"/>
Meet with government and/or community organisations to discuss program offerings	<input checked="" type="checkbox"/>	Mail out	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>	Direct phone calls to target groups	<input checked="" type="checkbox"/>
Attend networking events	<input checked="" type="checkbox"/>	Other: <i>Social Media, Articles, SBS programs</i>	<input checked="" type="checkbox"/>

Targeting

Organisations and groups targeted

CALD community organisations with a particular interest in aged care are targeted. Specific targets include:

- New and emerging communities
- Communities with a large percentage of seniors
- Community organisations that have particular interests and activities aimed at their CALD seniors.

Aged Care providers are selected based on their demographics and their interest to better serve their clients through improving the workforce skills in dealing with diversity in their work colleagues and in the consumers they serve.

Appendix A. Service model profiles

Commitment of the CEO and Leadership Team to CALD issues is a target for PICAC WA as these CEO/leaders champion cultural change and innovation in their organisations, and influence across the sector.

Reasons for targeting

The CALD Community organisations and Aged Care providers listed above need the support to survive and thrive in the current financially constrained environment exacerbated by the new funding models.

The organisational commitment expressed by the CEO or Facility Manager at an Aged Care site enables innovative programs to make a real difference in the lives of the consumers. This in turn creates a positive cycle that promotes other organisations to upskill and better cater to their CALD communities.

Changes in targeting or program offering (since 2011)

Fortis PICAC WA commenced operating in 2016. We have continued to improve and enhance our programs through a process of continual improvement leveraging our client feedback loop.

Collaboration

Fortis has collaborated with Australian Aged Care Quality Agency, Palliative Care WA, Carers WA, local Governments, Cancer Council WA and Dementia Australia (for example, in the delivery of 'your brain matters' sessions with a focus on CALD community members and regional areas).

Fortis also collaborates with UWA and LASA in the development and delivery of a conference on Innovation with a focus on linking research, practice and policy to improve aged care services to CALD seniors.

Other collaborations include:

- with FECCA involved CALD carers, consumers and organisations in the development of the CALD framework and Action Plan
- with the Department of Health in co-delivering a number of presentations, and arranging a Ministerial Roundtable with a keynote address (electronically due to last minute urgent travel requirements) by Minister Ken Wyatt involving regional areas (Pilbara and the Wheatbelt) through technology as well as metropolitan aged care providers and stakeholders.

Feedback and evaluation mechanisms

- Surveys of aged care providers, CALD carers and CALD older Australians are conducted.
- An environmental scan and consultation with key stakeholders were undertaken prior to commencing PICAC program delivery in order to develop an appropriate service model.
- A pulse survey for aged care providers is undertaken, with organisations' strengths and weaknesses identified. Findings are discussed with management and a targeted program to meet their needs is devised. The focus is on quality of care for CALD cohorts, but also provides insight into provision of consumer choice, sustainability and affordability.
- Every program conducted is followed up with a survey to seek feedback. The positive feedback (averaging highly satisfied) demonstrate that our programs have high levels of satisfaction.

Appendix A. Service model profiles

- Annual discussions are held with representative samples of CALD organisations and CALD Aged Care providers. These advise that the outcomes from the Fortis PICACWA programs have been sound.

Appendix B. Consultation paper findings

Appendix B. Consultation paper findings

The online consultation paper commenced late March and ran until early May 2018. Responses to questions one to 11 of the paper are discussed quantitatively in this section. Further qualitative discussion of findings related to questions 12 to 20 is in Sections 3, 4 and 5 of the report.

In total, responses were received from 130 individuals. Twelve respondents were removed from the dataset due to either:

- Being a PICAC organisation (n = 1)
- Being a duplicate response (n = 7)
- Dropping out of the survey before completion (n = 4).

More than one-third (37%) of respondents identified as providers of aged care services. A further 17% were from organisations representing a particular CALD group. Almost one in five respondents did not answer the relevant question (see *Table B-1*).

Table B-1: Which of the following best describes the role of your organisation?

	n (%)
Provider of aged care services	44 (37%)
Missing	22 (19%)
Organisation representing a particular ethnic/CALD group	20 (17%)
Support and advocate for a particular interest area (e.g. carers, dementia)	12 (10%)
Government organisation	10 (8%)
Support and advocate for aged care consumers	8 (7%)
Support and advocate for aged care providers	2 (2%)
Total	118 (100%)

Most respondents were based in Victoria (31%), South Australia (22%) or New South Wales (19%) (*Table B-2*), and 83% were based in a capital city (*Table B-3*).

Table B-2: Which state/territory are you based in?

	n (%)
Victoria	37 (31%)
South Australia	26 (22%)
New South Wales	22 (19%)
Queensland	9 (8%)
Western Australia	7 (6%)
Australian Capital Territory	6 (5%)
Tasmania	6 (5%)
National organisation	3 (3%)
Missing	2 (2%)

Appendix B. Consultation paper findings

	n (%)
Total	118 (100%)

Table B-3: Which type of area are you based in?

	n (%)
Capital city	98 (83%)
Regional centre	16 (14%)
Rural or remote area	2 (2%)
Missing	2 (2%)
Total	118 (100%)

In line with respondents' locations, the three PICAC-funded organisations most commonly engaged with were the Centre for Cultural Diversity in Ageing (Vic), Multicultural Aged Care Incorporated (SA) and Multicultural Communities Council of Illawarra (ACT/NSW) (Table B-4).

More than one-third (37%) of respondents (who answered the relevant questions) first engaged with the PICAC program prior to 2011 (Table B-5).

Table B-4: Which of the following PICAC funded organisations do you/ have you engaged with? (please select the main organisation you have engaged with)

	n (%)
Centre for Cultural Diversity in Ageing (Vic)	31 (26%)
Missing	29 (25%)
Multicultural Aged Care Incorporated (SA)	20 (17%)
Multicultural Communities Council of Illawarra (ACT/NSW)	18 (15%)
Diversicare, Ethnic Communities Council of Queensland (Qld)	9 (8%)
Migrant Resource Centre (Tas)	6 (5%)
Fortis Consulting Pty Ltd (WA)	5 (4%)
Total	118 (100%)

Table B-5: Which year did you first engage with the PICAC funded organisation?

	n (%)
Before 2011	42 (36%)
2011	6 (5%)
2012	4 (3%)
2013	3 (3%)
2014	9 (8%)
2015	9 (8%)
2016	13 (11%)

Appendix B. Consultation paper findings

	n (%)
2017	3 (3%)
2018	1 (1%)
Missing	28 (24%)
Total	118 (100%)

Although almost one-third of respondents did not answer, more respondents engaged with PICAC-funded organisations intermittently (41%) than monthly or more frequently (25%) (*Table B-6*).

Table B-6: How often do you engage with the PICAC funded organisation?

	n (%)
Once only	4 (3%)
Intermittently	48 (41%)
Monthly or more frequently	30 (25%)
Missing	36 (31%)
Total	118 (100%)

Common channels for creating awareness of PICAC program appeared to be direct contact from PICAC providers (n = 42), word of mouth (n = 31), and presence at expos and conferences (*Table B-7*). The most common PICAC services accessed were materials or resources (n = 57), attending a PICAC-organised expo or conference (n = 53), or training or workshop attendance (n = 50). Significant numbers also reported obtaining information from the Centre for Cultural Diversity in Ageing website (n = 40) and program development collaboration (n = 37). Committee or board input, policy or advocacy help, and advice or referral by phone were services less commonly reported to be accessed (*Table B-8*).

Table B-7: How did you hear about the PICAC program? (check all that apply)

	n
The PICAC provider contacted my organisation	42
Word of mouth	31
At an expo or conference	22
Through their newsletter	15
Through online media	15
Through an advocacy or support group	14
Other	12
Department of Health website	10
Through print media (e.g. newspapers, magazines)	4

Appendix B. Consultation paper findings

Table B-8: Which services have you accessed through the PICAC program? (check all that apply)

	n
Materials or resources	57
Attended a PICAC-organised expo or conference	53
Training or workshop	50
Information from the Centre for Cultural Diversity in Ageing website	40
Program development collaboration	37
Committee or board input	22
Policy or advocacy help	22
Advice or referral by phone	18
Other	8

Experience of PICAC services

Overall, of those who had engaged with the PICAC program and answered the relevant question, the majority (84%) found PICAC's services to be helpful or very helpful in achieving the desired outcome for respondents' organisations. Noting that numbers are small, particularly in some jurisdictions, this includes:

- 100% in Queensland, Western Australia and Tasmania
- 77% in New South Wales
- 70% in South Australia
- 50% in the Australian Capital Territory.

Around one in ten respondents (10%) reported PICAC services to be unhelpful or very unhelpful in this context (*Table B-9*).

Table B-9: How helpful were these services in achieving the outcome desired by your organisation?

Jurisdiction	Very unhelpful	Unhelpful	Neither unhelpful nor helpful	Helpful	Very helpful	Total
Vic	1 (4%)	-	1 (4%)	6 (24%)	17 (68%)	25 (100%)
SA	2 (10%)	-	3 (15%)	2 (10%)	13 (65%)	20 (100%)
NSW	-	2 (15%)	1 (8%)	7 (54%)	3 (23%)	13 (100%)
Qld	-	-	-	2 (22%)	7 (78%)	9 (100%)
WA	-	-	-	-	5 (100%)	5 (100%)
ACT	2 (33%)	1 (17%)	-	1 (17%)	2 (33%)	6 (100%)
Tas	-	-	-	-	5 (100%)	5 (100%)
Total	5 (6%)	3 (4%)	5 (6%)	18 (22%)	52 (62%)	83 (100%)

Appendix C. Consultation paper

Appendix C. Consultation paper

The Partners in Culturally Appropriate Care (PICAC) program has been funded by the Department of Health (Department) since 1997. Under the program one organisation in each state and territory (one organisation for both NSW and the ACT) is funded to:

- Support aged care providers to deliver culturally appropriate care to older people from culturally and linguistically diverse (CALD) communities
- Help older CALD people and their families make informed decisions about their aged care needs.

The organisations providing the PICAC program are:

- NT Council on the Ageing
- Qld Diversicare, Ethnic Communities Council of Queensland
- SA Multicultural Aged Care Incorporated
- Tas Migrant Resource Centre
- Vic Centre for Cultural Diversity in Ageing
- WA Fortis Consulting Pty Ltd
- ACT/NSW Multicultural Communities Council of Illawarra

The Department has engaged Australian Healthcare Associates (AHA) to conduct an evaluation of the PICAC program.

The evaluation is seeking to identify:

- The successes and challenges of PICAC program implementation, including service delivery to emerging communities and regional communities
- The effectiveness of PICAC (what's working, what's not working and why)
- The appropriateness of PICAC within current aged care reform.

We are seeking input from CALD community representatives and the aged care sector. Your views and feedback on the PICAC program are very important to this evaluation.

We would appreciate you taking the time to complete the following brief survey which will help us to understand what is currently working well and what improvements could be made to the PICAC program. This survey is designed for organisational representatives rather than aged care consumers.

Participation is voluntary. Your input is important whether you or your organisation have received services through the PICAC program or not.

Your organisation or name will not be identified in any reporting. If the Department chooses to make the report public it will only contain pooled and de-identified information.

For further information about the project:

If you want any further information about this evaluation or if you have any concerns that may be related to your involvement in it, you can contact the following people:

Australian Healthcare Associates

Appendix C. Consultation paper

Katie Cooper
Project Manager
P: 1300 242 111
E: katie.cooper@ahaconsulting.com.au

Department of Health

Shane Hardiman
Assistant Director, Aged Care Support Programs Section
P: (02) 6289 2974
E: shane.hardiman@health.gov.au

1. What is the name of your organisation?

2. Which of the following best describes the role of your organisation?

- Provider of aged care services
- Support and advocate for aged care providers
- Support and advocate for aged care consumers
- Support and advocate for a particular interest area (eg. carers, dementia)
- Organisation representing a particular ethnic/CALD group
- Government organisation
- Other (please specify)

3. Which state/territory are you based in?

- Qld
- NT
- NSW
- Vic
- Tas
- WA
- ACT
- SA
- National organisation

4. Which type of area are you based in?

- Capital city
- Regional centre
- Rural or remote area

5. Have you engaged with the PICAC program?

- Yes
- No

[if No selected]

6. Why has your organisation NOT engaged with the PICAC program?

- 7. The aged care sector is undergoing significant reform and there is a focus on sustainability, affordability and consumer choice.

7. With this in mind, what kind of support would help ensure aged care is provided to older people from CALD backgrounds in a cultural sensitive and appropriate manner?

Appendix C. Consultation paper

[if Yes selected]

6. Which of the following PICAC funded organisations do you/ have you engaged with?

(please select the main organisation you have engaged with)

- Diversicare, Ethnic Communities Council of Queensland (Qld)
- Council on the Ageing (NT)
- Multicultural Communities Council of Illawarra (ACT/NSW)
- Centre for Cultural Diversity in Ageing (Vic)
- Migrant Resource Centre (Tas)
- Fortis Consulting Pty Ltd (WA)
- Multicultural Aged Care Incorporated (SA)

7. Which year did you first engage with the PICAC funded organisation?

8. How often do you engage with the PICAC funded organisation?

- Monthly or more frequently
- Intermittently
- Once only

Other (please specify)

9. How did you hear about the PICAC program?

(check all that apply)

- The PICAC provider contacted my organisation
- At an expo or conference
- Word of mouth
- Department of Health website
- Through their newsletter
- Through an advocacy or support group
- Through print media (e.g. newspapers, magazines)
- Through online media

Other (please specify)

10. Which services have you accessed through the PICAC program?

(check all that apply)

- Attended a PICAC organised expo or conference
- Materials or resources
- Training or workshop
- Advice or referral by phone
- Committee or board input

Appendix C. Consultation paper

- Program development collaboration
- Policy or advocacy help
- Information from the Centre for Cultural Diversity in Ageing website

Other (please specify)

11. We are interested to understand your thoughts on the quality of services received. How helpful were these services in achieving the outcome desired by your organisation?

(if you have received multiple services please just consider the most recent service received)

Very unhelpful Unhelpful Neither unhelpful nor helpful Helpful Very helpful

12. Can you suggest how the service you received could be improved?

13. Are there any other services which you would like to receive through the program?

14. Broadly speaking, which elements of the program are working well?

15. Which elements of the program are not working well? Why do you think this is?

16. Does the program help you deliver more culturally appropriate services and care?

- Not applicable
- Yes
- No

Please elaborate

17. Does the program help CALD community members access aged care services?

- Yes
- No
- Not sure

Please elaborate

18. Does the program help the CALD community be more informed and have a greater voice?

- Yes
- No
- Not sure

Please elaborate

19. The aged care sector is undergoing significant reform and there is a focus on sustainability, affordability and consumer choice. With this in mind, what kind of support would help ensure aged care is provided to older people from CALD backgrounds in a cultural sensitive and appropriate manner?

20. Can you suggest any improvements to the PICAC program overall? For instance, are there any service gaps which need to be addressed?

If you are happy to be contacted should we need to clarify your responses please provide your contact details. Thank you.

Appendix C. Consultation paper

Thank you for your contribution. Your participation in the survey will help inform improvements to the Partners in Culturally Appropriate Care (PICAC) program.

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Appendix D. References

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