Informing a Palliative Care Cultural Responsiveness Strategy

Literature & Resources Summary Document

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UltraFeedback was engaged by Palliative Care Victoria (PCV) on behalf of the Palliative Care Cultural Diversity Leadership Group[1] to inform a strategy to address the needs of culturally and linguistically diverse (CALD) communities across Victoria. The desired outcomes of the strategy are:

- Culturally inclusive, responsive and competent palliative care organisations and workforce.
- CALD communities are informed about palliative care.
- Improved utilization of palliative care services by CALD communities.

The research project aimed to identify key insights – comprising relevant research findings, relevant resources, relevant initiatives and opportunities – that will, in collaboration with key stakeholders, assist in developing and implementing key strategies and associated action plans for these three key result areas.

This document catalogues the published literature, resources and materials presented and discussed in the "Informing a Palliative Care Cultural Responsiveness Strategy Report". Each of the listed resources can be accessed via the Palliative Care Victoria library:

http://www.pcvlibrary.asn.au/display/mur/Culturally+and+linguistically+diverse+communities

[1] The Victorian Palliative Care Cultural Diversity Leadership Group was formed in December 2010 in line with the recommendation of the Ethnic Communities and Palliative Care Forum held in September 2010 to establish a leadership group and develop a strategy.

Document number	Title	Author	Date of publication	Publisher	Place of publication	Citation	Type of document	Format	Where available	Summary
1	Cultural Diversity Overview. In: A Picture of the Nation: the Statistician's Report on the 2006 Census, 2006. Report 2070.0.	Australian Bureau of Statistics	2009	Australian Bureau of Statistics	Canberra, Australia	Australian Bureau of Statistics (ABS). Cultural Diversity Overview. In: A Picture of the Nation: the Statistician's Report on the 2006 Census, 2006. Report 2070.0. Canberra: ABS; 2009.	Report chapter	Hardcopy/Electronic (PDF)	**Hardcopy** available via: - **Telephone** 1300 135 070 (within Australia) or + 61 2 9268 4909 (outside Australia) between 9:00am-5:00pm (Eastern standard time) - **Email** to client.services@abs.gov.au Include the following information in your email: a) Contact details, b) Product details (ABS Catalogue number, title, number of copies required); c) Delivery address. - **Fax** and **mail:** Obtain order form from: http://abs.gov.au/ausstats/abs@.nsf/befa3cd44e04e196ca25698a002187b2/af4287799b8ceae8ca2570d7001ad229/$FILE/ATTZCL6W.pdf/ABSPublicationOrderForm.pdf - **Fax** to 1300 135 211 (Australia) or +61 2 9268 4654 (international) - **Mail** to: Mail Order Sales Australian Bureau of Statistics GPO Box 796 Sydney NSW 2001 **Download PDF** version from: http://www.abs.gov.au/ausstats/abs@.nsf/mf/2070.0 (Adobe Acrobat required)	The Statistician's Report analyses information collected in the 2006 Census of Population and Housing. It also incorporates information from previous censuses—in some instances going back as far as 1911. It presents stories about contemporary society and trends that affect the lives of Australian people. The Cultural Diversity Overview chapter describes the ethnic and cultural dimensions of the Australian population and the social characteristics of particular migrant and ancestry groups.
2	Projections of older immigrants: people from culturally and linguistically diverse backgrounds, 1996-2026, Australia. Aged Care Series. Cat. no. AGE 18.	Gibson D, Braun P, Benham C and Mason F	2001	Australian Institute of Health and Welfare	Canberra, Australia	Gibson D, Braun P, Benham C and Mason F. Projections of older immigrants: people from culturally and linguistically diverse backgrounds, 1996-2026, Australia. Aged Care Series. Cat. no. AGE 18. Canberra: Australian Institute of Health and Welfare; 2001.	Report	PDF download (hardcopy out of print)	**Download PDF** version from: http://aihw.gov.au/publication-detail/?id=6442467251 (Adobe Acrobat required) For more information contact AIHW via: - **Telephone** +61 2 6244 1000 - **Fax** +61 2 6244 1299 - **Mail** to: GPO Box 570 CANBERRA ACT 2601	The report provides an up-to-date set of projections at the national, State/Territory and Commonwealth planning region levels. The report was prepared at the request of the Department of Health and Aged Care with the assistance of the Australian Bureau of Statistics. A CD-ROM containing data at the regional level accompanies this publication. The report contains detailed projections for the 50 most common countries of birth, 34 languages and 30 religions for older immigrants in Australia.
3	National Dementia Campaigns	Australian Multicultural Foundation	2011-2012	Australian Multicultural Foundation	Carlton, Australia	Australian Multicultural Foundation. National Dementia Campaigns [webpage on the internet]. Carlton: Australian Multicultural Foundation; c2011-2012 [cited 8 May 2012]. Available from: http://amf.net.au/entry/national-dementia-campaigns	Webpage	Webpage with PDF downloads and links to podcasts (mp3 format)	**View webpage** at: http://amf.net.au/entry/national-dementia-campaigns For more information contact Australian Multicultural Foundation via: - **Telephone** +61 3 9347 6622 - **Fax** +61 3 9347 2218 - **Email** to info@amf.net.au - **Mail** to: PO Box 538 CARLTON SOUTH VIC 3053	"Memory loss: Disrupting daily life. A national dementia campaign" and "A National Radio Dementia Awareness Program – in Community Languages" are projects of the Australian Multicultural Foundation (AMF) and the Dementia Community Support Grant Program, funded through the federal Department of Health and Ageing under the Dementia Initiative. The AMF in collaboration with SBS radio developed the campaign to address some of the key issues and barriers to increasing the level of dementia literacy in culturally and linguistically diverse communities. The first campaign involved delivering a series of dementia awareness announcements broadcast through SBS in-language radio programs over two- three month periods. The second campaign delivered further radio segments over three weeks with a final talkback session with a bilingual general practitioner. The segments were broadcast on a range of SBS national radio language programs including Hindi, Turkish, Arabic and Amharic, African, (English), Dari, Persian-Farsi, Somali, Sudanese (Arabic), and Burmese. Available on the website are links to the radio podcasts, transcripts of the podcasts, and a information document about dementia - in English and each of the above languages.
4	Language Services in Victoria's Health System: Perspectives of Culturally and Linguistically Diverse Consumers	Brough C	2006	Centre for Culture, Ethnicity and Health	Melbourne, Australia	Brough C. Language Services in Victoria's Health System: Perspectives of Culturally and Linguistically Diverse Consumers. Melbourne: Centre for Culture, Ethnicity and Health; 2006.	Report	Hardcopy/Electronic (PDF)	**Hardcopy** available via: - **Telephone** +61 3 9342 9700 - **Email** to enquiries@ceh.org.au **Download PDF** version from: http://www.ceh.org.au/downloads/final_report.pdf (Adobe Acrobat required)	The report analyses how Culturally and Linguistically Diverse (CALD) consumers access and use language services, specifically interpreters, and describes consumer views on the effectiveness of language service provision in health settings. CEH interviewed a total of 86 people from the Italian, Vietnamese, Iraqi and South Sudanese communities across metropolitan Melbourne. All participants had used language services in the twelve months prior to the interviews.
5	Education and Training in Palliative Care	Cairns W and Yates P	37879	Medical Journal of Australia	Sydney, Australia	Cairns W & Yates P. Education and training in palliative care. MJA 2003; 179: S26–S28.	Journal article	Electronic (PDF)	**Download PDF** version from: https://www.mja.com.au/system/files/issues/179_06_150903/cai10347_fm.pdf (Adobe Acrobat required)	The growing demand for palliative care means that health professionals are expected to provide palliative care as a core part of their practice. Training in the practice of palliative care is a recent addition to undergraduate and postgraduate medical and other healthcare curricula, and several initiatives are under way to promote palliative care principles and practice in healthcare training. Strategies for improving palliative care education include a national undergraduate curriculum for palliative care, expanded training opportunities for generalist practitioners, and further recognition for the role of practitioners of specialist palliative care and associated curriculum development.

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6	Review of literature concerning the delivery of community aged care services to ethnic groups	Radermacher H, Feldman S and Browning C.	2008	Monash University and Ethnic Communities' Council of Victoria	Melbourne, Australia	Radermacher H, Feldman S and Browning C. Review of literature concerning the delivery of community aged care services to ethnic groups. Melbourne: Monash University and Ethnic Communities' Council of Victoria; 2008.	Report	Electronic (PDF)	**Download PDF** version from: www.med.monash.edu.au/sphc/haru/news/ethnic-aged-care-review.pdf (Adobe Acrobat required) For more information contact the Healthy Ageing Research Unit, School of Primary Care, Monash University via: - **Telephone** +61 3 9902 4465/4474 - **Fax** +61 3 8575 - **Mail** to: Building 1, 270 Ferntree Gully Rd NOTTING HILL VIC 3168	The purpose of this project was to review the literature concerning the delivery of community aged care services to people from culturally and linguistically diverse (CALD) backgrounds, in order to inform future service delivery. Key findings of the review relate to the needs and experiences of older CALD people, models of service delivery and partnerships, government policy, and research and dissemination.
7	Centre for Cultural Competence Australia -Closing the gap through education	Centre for Cultural Competence Australia	2010-2012	Centre for Cultural Competence Australia	Austinmer, Australia	Centre for Cultural Competence Australia (CCCA). Closing the gap through education [website homepage]. Austinmer: CCCA; c2010-2012 [cited 8 May 2012]. Available from: http://www.ccca.com.au/	Webpage	Webpage	**Access webpage** at: http://www.ccca.com.au/ For more information contact Centre for Cultural Competence Australia via: - **Telephone** 1300 240 944 (within Australia) - **Email** to enquiries@ccca.com.au - **Mail** to: PO Box 3112 AUSTINMER NSW 2515	The Centre for Cultural Competence Australia (CCCA) is an organisation dedicated to the training and development of individuals and organisations in the field of 'Aboriginal and Torres Strait Islander Cultural Competence'. Founded by professionals and experts within the fields of Indigenous Research & Development, technology, and communications, CCCA is committed to building the cultural competence of individuals, service providers, organisations, and state and federal departments. CCCA delivers online courses which are designed to provide individuals with a foundation of knowledge about the history of Aboriginal and Torres Strait Islander peoples in Australia, their cultures, and the effects of colonisation and government policies and practices. CCCA courses are accredited by TAFE, as well as other Australian peak bodies and associations such as the Royal Australian College of General Practitioners.
8	Translating health promotion materials into community languages	Centre for Culture, Ethnicity and Health	2005	Centre for Culture, Ethnicity and Health	Melbourne, Australia	Centre for Culture, Ethnicity and Health (CEH). Translating health promotion materials into community languages. Melbourne: CEH; 2005.	Resource brochure	Hardcopy/Electronic (PDF)	**Hardcopy** available via: - **Telephone** +61 3 9342 9700 - **Fax** +61 3 9342 9799 - **Email** to enquiries@ceh.org.au - **Mail** to: 81-85 Barry Street CARLTON VIC 3053 **Download PDF** version from: http://www.ceh.org.au/downloads/translate_comm_languages.pdf	When working with CALD communities to implement health promotion initiatives, sometimes translated written materials can be a helpful aid in Communicating with the community on particular health issues. However, the health worker first needs to determine the appropriateness of undergoing the process of translation. This resource demonstrates some steps to follow when deciding whether to translate health promotion materials into community languages and how to go about doing it if it is found to be appropriate.
9	Strategies for culturally effective end-of-life care	Crawley LM, Marshall PA, Lo B and Koenig BA	2002	American College of Physicians – American Society of Internal Medicine	Philadelphia, PA	Crawley LM, Marshall PA, Lo B and Koenig BA. Strategies for culturally effective end-of-life care. Ann Intern Med. 2002; 136(9): 673-679.	Journal article	Hardcopy/Electronic (PDF)	**Abstract** available at: http://www.annals.org/content/136/9/673.abstract (For full text access, contact your local hospital/university library)	As a result of profound worldwide demographic change, physicians will increasingly care for patients from cultural backgrounds other than their own. Differences in beliefs, values, and traditional health care practices are of particular relevance at the end of life. Health care providers and patients and families may not have shared understandings of the meaning of illness or death and may not agree on the best strategies to plan for the end of life or to alleviate pain and suffering. Good end-of-life care may be complicated by disagreements between physicians and patients, difficult interactions, or decisions the physician does not understand. Challenges may result from cultural differences between the patient's background and traditional medical practice. Values so ingrained in physicians as to be unquestioned may be alien to patients from different backgrounds. Physicians need to be sensitive to cultural differences and to develop the skills necessary to work with patients from diverse backgrounds. Community and cultural ties provide a source of great comfort as patients and families prepare for death. This paper describes two cases that raise issues about cross-cultural end-of-life practice and suggests strategies for negotiating common problems. Physicians should assess the cultural background of each patient and inquire about values that may affect care at the end of life. They should become aware of the specific beliefs and practices of the populations they serve, always remembering to inquire whether an individual patient adheres to these cultural beliefs. Attention to cultural difference enables the physician to provide comprehensive and compassionate palliative care at the end of life.
10	Planning ahead in culturally and linguistically diverse (CALD) communities	Cultural and Indigenous Research Centre Australia	2008	NSW Department of Ageing, Disability and Home Care	Sydney, Australia	Cultural & Indigenous Research Centre Australia. Planning ahead in culturally and linguistically diverse (CALD) communities. Sydney: NSW Department of Ageing, Disability and Home Care; 2008.	Report	Electronic (PDF)	**Download PDF** version from: www.adhc.nsw.gov.au/__data/assets/file/0004/228208/planning_ahead_cald_communities.pdf (Adobe Acrobat required) For more information contact Ageing, Disability and Home Care, NSW Department of Family and Community Services via: - **Telephone** +61 2 8270 2000 - **TTY:** +61 2 8270 2167 (for people who are deaf) - **Email** to servicembx@facs.nsw.gov.au - **Mail** to: Level 5, 83 Clarence Street SYDNEY NSW 2000	Planning Ahead is a significant issue for culturally and linguistically diverse (CALD) communities as the population of people from CALD backgrounds is ageing at a more rapid rate than the Australian-born older population. It is estimated that 22.5% of older Australians will be from CALD backgrounds by 2011 - a significant growth rate of 66% compared to 23% for the Australian-born older population (AIHW, 2001). As the CALD population ages, the significance of Planning Ahead initiatives effectively targeting CALD communities will increase. To ensure that Planning Ahead resources and services are available to, and relevant for, CALD communities, DADHC commissioned a project to develop an evidence-based model and strategies to encourage Planning Ahead in NSW CALD communities. This report outlines the findings and recommendations of the research on Planning Ahead in CALD communities, conducted on behalf of NSW Department of Ageing, Disability and Home Care's (DADHC's) behalf by the Cultural and Indigenous Research Centre Australia (CIRCA).

Document number	Title	Author	Date of publication	Publisher	Place of publication	Citation	Type of document	Format	Where available	Summary
11	CALD dementia strategic model: literature review, report, model	Cultural and Indigenous Research Centre Australia	2008	NSW Department of Ageing, Disability and Home Care	Sydney, Australia	Cultural & Indigenous Research Centre Australia. CALD dementia strategic model: literature review, report, model. Sydney: NSW Department of Ageing, Disability and Home Care; 2008.	Report	Electronic (PDF)	**Download PDF** version from: http://www.adhc.nsw.gov.au/__data/assets/file/0018/228141/30_CALD_Dementia_Report_research_April08.pdf (Adobe Acrobat required) For more information contact Ageing, Disability and Home Care, NSW Department of Family and Community Services via: - **Telephone** +61 2 8270 2000 - **TTY:** +61 2 8270 2167 (for people who are deaf) - **Email** to servicembx@facs.nsw.gov.au - **Mail** to: Level 5, 83 Clarence Street SYDNEY NSW 2000	The Cultural and Indigenous Research Centre Australia (CIRCA) on behalf of the NSW Department of Ageing, Disability, and Home Care (DADHC) undertook research and development of a strategic model to support the development of dementia services appropriate to the needs of CALD communities in NSW. The research focused on three target communities – the Italian, Vietnamese and Chinese communities in NSW. The research involved a literature review, and field work involving consultation with people with dementia from CALD backgrounds, carers/family of people with dementia, CALD service providers and community based organisations, and mainstream service providers and community based organisations. The literature review found that while some research is available on dementia and the needs of CALD communities, the information base is not extensive, and very limited when it comes to the three target CALD communities. Some key issues arising from the literature included an expected increase in prevalence of dementia in CALD communities due to the rapid ageing of many CALD communities; and lower levels of access to dementia services by CALD communities, influenced by the level of information available, language barriers, cultural factors, and cultural appropriateness of services. The information from the literature review and field work was then used to develop a strategic model of dementia care in CALD communities
12	Language services toolkit	Goulburn Valley Primary Care Partnership		Goulburn Valley Primary Care Partnership	Numurkah, Australia	Language services toolkit. Goulburn Valley Primary Care Partnership (GVPCP). Numurkah: GVPCP; year unknown.	Resource brochure	Electronic (PDF)	**Download PDF** version from: http://www.pcvlibrary.asn.au/download/attachments/2918380/Language+Services+Toolkit.pdf?version=1&modificationDate=1336196693954 (Adobe Acrobat required) For more information contact GVPCP via: - **Telephone** +61 3 5823 3285 - **Email** to FHosie@primarycareconnect.com.au - **Mail** to: 399 Wyndham St SHEPPARTON VIC 3630	In the Goulburn Valley Region, this first influx of post-war immigrants was followed in the late 1990's by the arrival of refugees from countries such as Iraq, the former Yugoslav Republic and Albania. The rapid influx of these groups has highlighted language barriers in accessing primary care services. In response to these issues, Goulburn Valley Primary Care Partnership (GVPCP) and the Central Health Interpreter Service Inc. (CHIS) applied for and received funding under the Department of Human Services Primary Care Partnership Best Practice Funding Program to undertake the "Quality Language Services in Rural Primary Care Settings" project. The project aimed to identify opportunities for best practice development in the provision of interpreting and translation services to enable better access to rural primary care services for people from diverse cultural and linguistic backgrounds. The Language services toolkit has been developed to provide a practical resource for rural primary care providers and aims to assist PCP member agencies in providing effective and efficient language services to their culturally and linguistically diverse (CALD) clients and communities. The toolkit includes best practice examples which have been developed and field tested through the pilot projects undertaken as part of the best practice project. The toolkit is a practical "hands-on" resource that will provide PCP member agencies with processes, policies and procedures that are easy to follow and to apply and can be adapted to suit the needs of individual organisations and communities.
13	Building Aboriginal Cultural Competence (BACC) training	Department of Human Services Victoria	2011	State of Victoria, Department of Human Services	Melbourne, Australia	Department of Human Services. Building Aboriginal Cultural Competence (BACC) training [webpage]. Melbourne: State of Victoria; c2011 [cited 11 May 2012]. Available from: www.dhs.vic.gov.au/for-service-providers/workforce,-careers-and-training/workforce-training/building-aboriginal-cultural-competence-bacc-training	Webpage	Webpage	**Access webpage** at: http://www.dhs.vic.gov.au/for-service-providers/workforce,-careers-and-training/workforce-training/building-aboriginal-cultural-competence-bacc-training For more information contact DHS Workforce Training unit via: - **Email** to Corporate.Training@dhs.vic.gov.au - **Telephone** +61 3 9096 2740	The BACC training programs aim to embed cultural respect and understanding into policy development, service delivery and people management to improve outcomes for Aboriginal people in Victoria. The department recognises that knowledge, skills and awareness are considered key enablers to empowerment and respect. The BACC supports federal and Victorian government policy approaches to addressing systematic disadvantage experienced by Aboriginal people and is an opportunity for service provider and funded agency staff to develop knowledge, skills and understanding of Aboriginal culture, traditions and practices. The webpage outlines training programs available and how to access them.
14	Cultural diversity, ageing and HACC: trends in Victoria in the next 15 years	Howe AL	2006	State of Victoria, Department of Human Services	Melbourne, Australia	Howe AL. Cultural diversity, ageing and HACC: trends in Victoria in the next 15 years. Melbourne: State of Victoria; 2006.	Report	Electronic (PDF)	**Download PDF** version from: http://www.health.vic.gov.au/hacc/downloads/pdf/cda_whole.pdf (Adobe Acrobat required) For further information contact Home and Community Care (HACC), Department of Human Services via: - **Telephone** +61 3 9096 0000/9096 8424	The central findings of this research concern the impending and sustained growth in Victoria's culturally and linguistically diverse (CALD) population over the next two decades. This growth calls for a range of strategies for delivering culturally oriented community care; these strategies must involve a mix and match of roles for ethno-specific, multi-cultural and mainstream agencies. The current and future cohorts of the older CALD population are widely dispersed across all LGAs in the Melbourne metropolitan area, but numbers in regional and rural Victoria are very small. Variations in the size, proportion and characteristics of the present and future older CALD population in each Local Government Area mean that community care providers must continue to adapt their strategies to suit local CALD communities. Proficiency in English on the part of individuals and across different CALD communities must be given greater consideration in planning and delivery of community care services. Beyond the community care system, access to community-based English language teaching should be expanded to attract middle aged and older members of CALD communities, not in order to contain the demand for culturally oriented community care services at some time in the future, but in order to enhance people's everyday participation in the wider community over the many years before that time.

Document number	Title	Author	Date of publication	Publisher	Place of publication	Citation	Type of document	Format	Where available	Summary
15	Developing Quality Indicators for Cancer End-of-Life Care	Seow H, Snyder CF, Shugarman LR, Mularski RA, Kutner JS, Lorenz KA, Wu AW and Dy SM.	2009	American Cancer Society	Malden MA, USA	Seow H et al. Developing Quality Indicators for Cancer End-of-Life Care. Cancer 2009; 115(17): 3820-3829.	Journal article	Hardcopy/Electronic (PDF)	**Download PDF** version from: http://onlinelibrary.wiley.com/doi/10.1002/cncr.24439/pdf (Adobe Acrobat required)	Quality indicators applicable to cancer end-of-life care exist, but have not been widely implemented. To advance this field, the authors worked with the Agency for Health Care Research and Quality and the National Cancer Institute to organize a national symposium to discuss key issues and future goals, based on a conceptual framework. Discussions focused on 8 key domains in end-of-life cancer care: pain; dyspnoea; communication, care planning, and decision making; psychosocial care; communication about chemotherapy; depression; continuity, coordination, and care transitions; and spirituality and closure. Key themes included the need for clarity on definitions and key aspects of care within domains, the need to start implementing indicators in more developed domains, and the importance of high-quality symptom assessment and documentation of key processes. Key areas for future work include development of more outcome indicators, methods to better incorporate indicators and patient-reported outcomes into clinical processes of care, and coordination across domains and settings. Measuring the quality of end-of-life cancer care is essential to understanding how best to improve patient outcomes and care.
16	Unready, Unwilling and Ageing: Ethnic Baby Boomers and their Parents	Ethnic Communities' Council of Victoria	2009	Ethnic Communities' Council of Victoria	Carlton, Australia	Ethnic Communities' Council of Victoria (ECCV). Unready, Unwilling and Ageing: Ethnic Baby Boomers and their Parents. Carlton: ECCV; 2009.	Report (policy discussion paper)	Hardcopy/Electronic (PDF)	**Hardcopy** available via: - **Telephone** +61 3 9349 4122 - **Fax** +61 3 9349 4967 - **Mail** to: ECCV Statewide Resources Centre 150 Palmerston Street CARLTON VIC 3053 **Download PDF** version from: http://www.eccv.org.au/library/file/policy/ECCV_Discussion_Paper_Unready_Unwilling_Ageing_04_Feb_2009.pdf (Adobe Acrobat required)	This policy paper has been developed in response to the increasing realisation among adult children of immigrant parents that enormous time, energy and sensitivity is required for them to ensure that their ageing loved ones maintain the best possible quality of life. The issues are many and not easily resolved. For example, conflicting cultural expectations and attitudes are a common obstacle among Ethnic Baby Boomers who do not actively identify with their parent's ethnic background due to reasons of personal preference or lifestyle practicality. As a result, unresolved feelings of guilt and blame can often arise in the process of Ethnic Baby Boomers adopting care giving roles for their parents. It can take time for both parents and children to come together with one goal, source information about available support, explore viable aged care options and consider the consequences of such choices. ECCV believes the following recommendations will go some way to improving awareness among Victoria's Ethnic Baby Boomers of the impending needs and priorities of their ageing parents. These recommendations include: 1) Development of a broad public awareness campaign targeting all members of the Baby Boomer generation to highlight the key issues for consideration in terms of caring for the ageing parents; 2) Resourcing of ethno-specific aged cared agencies to develop secondary ethno-specific material and resources that target the Ethnic Baby Boomers within their particular communities; 3) Resourcing of migrant and multicultural community organisations to facilitate culturally appropriate family information sessions that encourage all family members to be involved in deciding the most desirable age care solution for their frail and elderly.
17	A best practice approach to cultural competence training	Farrelly T and Lumby B	2009	Aboriginal & Islander Health Worker Journal	Matraville, Australia	Farrelly T and Lumby B. A best practice approach to cultural competence training. Aboriginal & Islander Health Worker Journal 2009; 33(5): 14-22.	Journal article	Hardcopy/Electronic (PDF)	**Download PDF** version from: www.ccca.com.au/Upload/.../BestPractice_CulturalCompetence.pdf (Adobe Acrobat required) Hardcopy and more information available from the Aboriginal & Islander Health Worker Journal via: - **Telephone** +61 2 8020 0739 - **Email** to journal@aihwj.com.au - **Mail** to: The Editor PO Box 502 MATRAVILLE NSW 2036	What has been commonly termed 'Cultural Awareness Training' has been a popular method utilised by organisations targeting employees, to improve the cultural appropriateness of their service delivery. Policy shifts and evaluation findings have seen the expectations and ideals of such training evolve from mere 'Awareness' to more of a 'Cultural Competence' focus, addressing not only knowledge, but also behaviour. In an attempt to determine best practice in regards to Cultural Competence Training (CCT), the authors conducted a review of CCT – exploring the programs currently available nationwide, the information content and mode of delivery they commonly utilised, and the 'gaps', shortcomings and areas in need for further development that have been identified. This article presents the findings of this review, setting out a proposed best practice approach to CCT.
18	The Palliative Care Evaluation Tool Kit: A compendium of tools to aid in the evaluation of palliative care projects	Eagar K, Senior K, Fildes D, Quinsey K, Owen A, Yeatman H, Gordon R and Posner N	2004	Centre for Heath Service Development, University of Wollongong;	Wollongong, Australia	Eagar K et al. The Palliative Care Evaluation Tool Kit: A compendium of tools to aid in the evaluation of palliative care projects. Wollongong: Centre for Heath Service Development, University of Wollongong; 2004.	Report	Hardcopy/Electronic (PDF)	**Download PDF** version from: ro.uow.edu.au/cgi/viewcontent.cgi?article=1004&context=chsd (Adobe Acrobat required) Hardcopy and more information available from Centre for Health Service Development via: - **Telephone** +61 3 4221 4411 - **Fax** +61 2 4221 4679 - **Email** to chsd@uow.edu.au - **Mail** to: c/o Australian Health Services Research Institute Building 234 (iC Enterprise 1) Innovation Campus University of Wollongong WOLLONGONG NSW 2522 - **Website:** ahsri.uow.edu.au/chsd	Palliative care services and projects differ in terms of their goals, target groups, size, duration, resource levels, locations, settings and the evaluation skills and experience of the participants. This diversity poses challenges in terms of evaluation design and the types of tools needed for effective information collection and valid analysis. This Tool Kit meets these challenges by providing a range of tools that have recently been developed and field tested as well as existing evaluation tools reported in the literature. Together, these provide a choice of tools with which to collect evaluation data. It is important that lessons from innovative palliative care projects and programs are analysed and the results shared to improve practice and the overall effectiveness and reach of palliative care services. The purpose of this Tool Kit is to provide a suite of tools so that such palliative care initiatives can be monitored and their impacts measured from an evaluation perspective. This Tool Kit forms part of an overall evaluation framework which was developed after a review of the international literature and after input from end users. The individual tools within the framework are supported by an electronic evaluation database which allows the user to enter data from the individual tools in the Tool Kit into a user-friendly Microsoft Access database.

Document number	Title	Author	Date of publication	Publisher	Place of publication	Citation	Type of document	Format	Where available	Summary
19	Ageing and Cultural Diversity Strategy.	Ethnic Communities' Council of Victoria	2011	Ethnic Communities' Council of Victoria	Carlton, Australia	Ethnic Communities' Council of Victoria (ECCV). Ageing and Cultural Diversity Strategy. Policy proposal. Carlton: ECCV; 2009.	Report (policy discussion paper)	Hardcopy/Electronic (PDF)	**Hardcopy** available via: - **Telephone** +61 3 9349 4122 - **Fax** +61 3 9349 4967 - **Mail** to: ECCV Statewide Resources Centre 150 Palmerston Street CARLTON VIC 3053 **Download PDF** from: http://www.eccv.org.au/library/file/policy/eccv_Ageing_and_Diversity_Strategy_Feb_2011.pdf (Adobe Acrobat required)	In Victoria the increasingly multicultural ageing population presents a significant policy challenge. It is imperative that the government and Opposition parties commit to an Ageing and Cultural Diversity Strategy. This strategy sets out key policy recommendations across a range of aged care areas including community care, residential aged care, workforce diversity, ethnic carer support, elder abuse prevention and positive, active ageing. Older non-English speaking people prefer to stay living at home but many do not access services. Others may find themselves socially isolated in residential aged care facilities that cater mainly for English speakers. This strategy would be of significant benefit to people from non-English speaking and culturally diverse backgrounds as they become older and frailer. It is designed to assist decision makers develop cultural diversity policies and provides a cost-effective and quality continuum of care for older people from culturally diverse backgrounds.
20	Cultural Competence. Guidelines and Protocols	Ethnic Communities' Council of Victoria	2006	Ethnic Communities' Council of Victoria	Carlton, Australia	Ethnic Communities' Council of Victoria (ECCV). Cultural Competence. Guidelines and Protocols. Carlton: ECCV; 2009.	Report	Hardcopy/Electronic (PDF)	**Hardcopy** available via: - **Telephone** +61 3 9349 4122 - **Fax** +61 3 9349 4967 - **Mail** to: ECCV Statewide Resources Centre 150 Palmerston Street CARLTON VIC 3053 **Download PDF** from: http://eccv.org.au/library/doc/CulturalCompetenceGuidelinesandProtocols.pdf (Adobe Acrobat required)	This document provides information and guidelines on cultural competence for anyone seeking to foster constructive interactions between members of different cultures. The combination of Indigenous populations and history of immigration in Australia have meant that multiculturalism and cultural diversity are an integral component of Australian society. In 2001, the Australian census showed that Australian people speak over 200 languages, including the more than 60 languages spoken by Aboriginal and Torres Strait Islander Australians. In the same year 16% of the total Australian population, some 2.8 million people, were found to speak a language other than English at home. By 2004, the number of overseas born Australians stood at 4.5 million people, a figure representing almost one quarter (24%) of the Australian population. In a country with high levels of cultural and linguistic diversity it is not surprising that there are many applications for cultural competence. Cultural competence is extremely important for any individual or organisation wishing to operate professionally and effectively in a multicultural context.
21	Caring for your Community: A career in Aged Care for Bilingual Staff	Ethnic Communities' Council of Victoria	2007	Ethnic Communities' Council of Victoria	Carlton, Australia	Ethnic Communities' Council of Victoria (ECCV). Caring for your Community: A career in Aged Care for Bilingual Staff. Carlton: ECCV; 2009.	Report	Hardcopy/Electronic (PDF)	**Hardcopy** available via: - **Telephone** +61 3 9349 4122 - **Fax** +61 3 9349 4967 - **Mail** to: ECCV Statewide Resources Centre 150 Palmerston Street CARLTON VIC 3053 **Download PDF** version from: http://www.eccv.org.au/library/Careers_in_Aged_Care_Booklet.pdf (Adobe Acrobat required)	This booklet provides people from a non-English speaking background with some basic information about available courses that will qualify them to work in the aged care and disability sectors. This booklet also includes a list of questions for people to ask when contacting course providers. A career in aged care is a great chance to make a difference to the lives of older people, many of them migrants. Chances of finding work in aged care will be greatly improved with completion of some formal training. People from a non-English speaking background and people of mature age, which means anyone over the age of 18, are encouraged to apply for enrolment in Certificates III and IV in Aged Care Work. Some training providers such as Victoria University, Northern Melbourne Institute of TAFE (NMIT), Adult Multicultural Education Services (AMES), Carers Victoria and Diversitat offer extra support to students whose first language is not English.
22	Transitions to palliative care in acute hospitals in England: qualitative study	Gott M, Ingleton C, Bennett M and Gardiner C	2011	BMJ Group	London, UK	Gott et al. Transitions to palliative care in acute hospitals in England: qualitative study. BMJ 2011; 342: d1773.	Journal article	Hardcopy/Electronic (PDF)	**Download PDF** version from: http://www.bmj.com/highwire/filestream/354837/field_highwire_article_pdf/0.pdf (Adobe Acrobat required)	This article outlines the results of a qualitative study with 58 health professionals involved in the provision of palliative care in secondary or primary in England. The purpose of the study was to explore how transitions to a palliative care approach are perceived to be managed in acute hospital settings in England. Participants identified that a structured transition to a palliative care approach of the type advocated in UK policy guidance is seldom evident in acute hospital settings. In particular they reported that prognosis is not routinely discussed with inpatients. Achieving consensus among the clinical team about transition to palliative care was seen as fundamental to the transition being effected; however, this was thought to be insufficiently achieved in practice. Secondary care professionals reported that discussions about adopting a palliative care approach to patient management were not often held with patients; primary care professionals confirmed that patients were often discharged from hospital with "false hope" of cure because this information had not been conveyed. Key barriers to ensuring a smooth transition to palliative care included the difficulty of "standing back" in an acute hospital situation, professional hierarchies that limited the ability of junior medical and nursing staff to input into decisions on care, and poor communication. In conclusion, significant barriers to implementing a policy of structured transitions to palliative care in acute hospitals were identified by health professionals in both primary and secondary care. These need to be addressed if current UK policy on management of palliative care in acute hospitals is to be established.

Document number	Title	Author	Date of publication	Publisher	Place of publication	Citation	Type of document	Format	Where available	Summary
23	On speaking terms: Good practice guidelines for HSE staff in the provision of interpreting services	Health Service Executive Social Inclusion Unit and Health Promoting Hospitals Network - National Intercultural Hospital Initiative	2010	Health Service Executive	Dublin, Ireland	Health Service Executive Social Inclusion Unit. On speaking terms: Good practice guidelines for HSE staff in the provision of interpreting services. Dublin: Health Service Executive; 2010.	Report	Hardcopy/Electronic (PDF)	**Download PDF** version from: http://www.hse.ie/eng/services/Publications/services/SocialInclusion/emaspeaking.pdf (Adobe Acrobat required) For more information contact the Health Service Executive, County Kildare, Ireland via: - Telephone +353 45 880 400 - Fax 1890 200 857 (within Ireland)	These guidelines have been produced for healthcare professionals to support good practice in the provision of interpreting services. Everyone working with patients who have difficulty in communication, due to limited English proficiency or hearing disabilities will appreciate the importance of interpreting support in the delivery of health care to such patients. Principles of equity, accessibility and person-centeredness are central to the HSE and act as an important driver to the effective and efficient delivery of services. The provision of interpreting services forms a small but essential element of addressing the HSE's stated 6 priorities within its Transformation programme, ie simplified patient journeys, easier access to primary care, easier access to high quality hospitals, increased range of chronic illness programmes, more transparent and measurable standards, and greater staff involvement in transformation. These guidelines provide clear, precise and straightforward advice for staff in accessing and working successfully with trained interpreters. The overall aim of these guidelines is to enable good communication between healthcare staff and patients by offering guidance on: 1. Assessing the language needs of patients 2. Letting patients know that they can have access to an interpreter 3. Arranging interpreting services (face to face and telephone) 4. Working effectively with interpreters 5. Good practice in interpreting
24	Institutional racism in Australian healthcare: a plea for decency	Henry BR, Houston S and Mooney GH	2004	Medical Journal of Australia	Sydney, Australia	Henry BR, Houston S and Mooney GH. Institutional racism in Australian healthcare: a plea for decency. MJA 2004; 180: 517-520.	Journal article	Hardcopy/Electronic (PDF)	**Download PDF** version from: https://www.mja.com.au/system/files/issues/180_10_170504/hen10112_fm.pdf (Adobe Acrobat required)	Aboriginal health in Australia is both poor and very much worse than that of non-Aboriginal people, and their life expectancy at birth is about 21 years less for men and 19 years less for women. Among Aboriginal and Torres Strait Islander males, 6.8% die in infancy, compared with 1% for the rest of the population. For females the figures are 6.7% and 0.8%. A large array of diseases are much more prevalent among Aborigines. The question is how to improve this situation. The argument presented in this article rests on two core and related ideas: that our health services are "institutionally racist"; and that such racism stems from Australia being, or at least having become, an uncaring society. The way forward that the authors propose is recognising and addressing institutional racism. This would provide a framework for improving Aboriginal health. We believe, however, that acceptance of the need to address such racism can only come about through building a more compassionate and decent society. To suggest that healthcare in Australia is institutionally racist may be confronting for some, but the authors argue not only that it is institutionally racist, but, more importantly, that such racism represents one of the greatest barriers to improving the health of Aboriginal and Torres Strait Islander people. The authors also indicate what might be done to overcome this institutional racism and improve Aboriginal health.
25	How do I tell you? What words do I use? Communicating the 'bad news' in a culturally respectful way	Hunt L and See I	2009	Vancouver Home Hospice Palliative Care Service	Vancouver, Canada	Hunt L and See I. How do I tell you? What words do I use? Communicating the 'bad news' in a culturally respectful way. Vancouver: Vancouver Home Hospice Palliative Care Service; 2009	Report (workshop proceedings)	Electronic (PDF)	**Download PDF** version from: http://www.palliativecare.org.au/Portals/46/Together%20conference/A9%20Linda%20Hunt%20Ingrid%20See.pdf (Adobe Acrobat required)	This report details proceedings from a workshop on initiative end-of-life discussions, delivered by Linda Hunt and Ingrid See at the "Together! 2009" combined 10th Australian Palliative Care Conference and 8th Asia Pacific Hospice Conference in Perth, Australia. The workshop explored a number of topics including: assessing for cues, identifying roadblocks, communicating in context, acknowledging the tensions, and how to negotiate culturally acceptable goals of care.
26	Are Asians comfortable with discussing death in health valuation studies? A study in multi-ethnic Singapore	Wee HL, Li SC, Xie F, Zhang XH, Luo N, Cheung YB, Machin D, Fong KY and Thumboo J	2006	Biomed Central	London, UK	Wee HL et al. Are Asians comfortable with discussing death in health valuation studies? A study in multi-ethnic Singapore. Health and Quality of Life Outcomes 2006 Dec 5; 4: 93.	Journal article	Electronic (PDF)	**Download PDF** version from: http://www.hqlo.com/content/pdf/1477-7525-4-93.pdf (Adobe Acrobat required)	This was a qualitative study aimed at characterising people's ease in discussing death (EID) and its influence on health valuation in a multi-ethnic Asian population. The study also aimed to determine the acceptability of various descriptors of death and "pits"/"all-worst" in health valuation. In-depth interviews (English or mother-tongue) were conducted among adult Chinese, Malay and Indian Singaporeans selected to represent both genders and a wide range of ages/educational levels. Subjects rated using 0–10 visual analogue scales (VAS): (1) ease of discussing death, (2) acceptability of 8 descriptors for death, and (3) appropriateness of "pits" and "all-worst" as descriptors for the worst possible health state. Subjects also valued 3 health states using VAS followed by time trade-off (TTO). The influence of sociocultural variables on EID and these descriptors was studied using univariate analyses and multiple linear regression (MLR). The influence of EID on VAS/TTO utilities with adjustment for sociocultural variables was assessed using MLR. Subjects were generally comfortable with discussing death. Only education significantly influenced EID and EID correlated weakly with VAS/TTO scores. All subjects felt "passed away", "departed" and "deceased" were most acceptable, while "sudden death" and "immediate death" were least acceptable. Singaporeans were generally comfortable with discussing death and had clear preferences for several descriptors of death and for "all-worst". EID is unlikely to influence health preference measurement in health valuation studies.

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27	Practising Positive Partnerships in the Ethnic and Multicultural community	Karunarathna Y, Radermacher H and Feldman S	2010	Monash University, Ethnic Communities' Council of Victoria and Southern Metropolitan Region HACC Cultural Diversity Network	Melbourne, Australia	Karunarathna Y, Radermacher H and Feldman S. Practising Positive Partnerships in the Ethnic and Multicultural community. Melbourne: Monash University and Ethnic Communities' Council of Victoria; 2010.	Report	Electronic (PDF)	**Download PDF** version from: http://eccv.org.au/library/file/projects/PPP_Full_Report_12-07-10_Final_%285%29_with_cover.pdf (Adobe Acrobat required) For more information contact the Healthy Ageing Research Unit, School of Primary Care, Monash University via: - **Telephone** +61 3 9902 4465/4474 - **Fax** +61 3 8575 - **Mail** to: Building 1, 270 Ferntree Gully Rd NOTTING HILL VIC 3168	The Practising Positive Partnerships (PPP) project was a multi-stage project seeking to deepen understanding of the nature of inter-organisational partnerships within the ethnic and multicultural aged care sector (herein, EMCAC Sector). This work is important in the light of anecdotal evidence that suggests organisations within the EMCAC sector are missing out on partnership opportunities, which in turn may be detrimentally impacting the health of, and access to services for, older people from culturally and linguistically diverse (CALD) backgrounds. It is anticipated that a more comprehensive understanding of the issues would be able to inform strategies and assist organisations within the EMCAC sector to practise positive partnerships in the future. This report documents the first stage of the PPP project. This initial stage consisted of a pilot study to explore the experiences of partnerships within the EMCAC Sector. The aim was to generate some empirical data to inform and guide the subsequent project stages. The following activities were undertaken as part of the pilot study: literature review; recruitment and semi-structured interviews with 14 participants; data analysis and report writing; synthesis of key points for future consideration. Participants overwhelmingly spoke of the need for organisations within the EMCAC sector to work together. Main themes identified in the data fell under the headings of: 1. Definition and benefits of partnerships – What is a partnership? The benefit of partnering. 2. Influences on partnerships – External influences. Organisational capacity and unequal power. Trusting relationships. Professional capacity. 3. Vision for future of partnerships – Strategies for more successful partnerships. Towards equality.
28	Cultural issues in palliative care	Kemp C	2005	Elsevier Inc.		Kemp C. Cultural issues in palliative care. Seminars in Oncology Nursing 2005; 21(1): 44-52.	Journal article	Electronic (PDF)	**Abstract** available at: http://www.seminarsoncologynursing.com/article/S0749-2081%2804%2900132-9/abstract (For full text access, contact your local hospital/university library)	Ethnic, racial, or cultural disparities exist at all levels of health care, including hospice and palliative care. The result of these disparities is underutilization of services and under-treatment of patients and populations, which translate to unnecessary suffering and poorer outcomes for minorities, especially those foreign-born and non-English speaking. This article discusses common issues at the end of life and across cultures and the measures that can be taken to address these issues. Concepts central to this article include demographic changes, culture, and cultural competence.
29	When cultures clash: Physician, patient, and family wishes in truth disclosure for dying patients	Lapine A, Wang-Cheng R, Goldstein M, Nooney A, Lamb G and Derse AR	2001	Mary Ann Liebert, Inc. publishers	New Rochelle NY, USA	Lapine A, Wang-Cheng R, Goldstein M, Nooney A, Lamb G and Derse AR. When cultures clash: Physician, patient, and family wishes in truth disclosure for dying patients. J Palliat Med 2001; 4: 475-480.	Journal article	Electronic (PDF)	**Abstract** available at: http://online.liebertpub.com/doi/abs/10.1089/109662101753381610 (For full text access, contact your local hospital/university library)	This article describes two cases involving male foreign nationals (a Chinese and a Georgian) treated in a US hospital. Both patients had terminal illnesses, and both cases involved clashes between families and the treating physicians, which occurred because of differing cultural beliefs about truth disclosure. Based on the specific backgrounds of these two patients, the authors discuss ethical and cultural considerations and make suggestions for physicians who care for ethnically diverse patients.
30	A proposal for an Ageing and Cultural Diversity Strategy.	Ethnic Communities' Council of Victoria	2007	Ethnic Communities' Council of Victoria	Carlton, Australia	Ethnic Communities' Council of Victoria (ECCV). A proposal for an Ageing and Cultural Diversity Strategy. Carlton: ECCV; 2007.	Report (policy discussion paper)	Hardcopy/Electronic (PDF)	**Hardcopy** available via: - **Telephone** +61 3 9349 4122 - **Fax** +61 3 9349 4967 - **Mail** to: ECCV Statewide Resources Centre 150 Palmerston Street CARLTON VIC 3053 **Download PDF** version from: http://www.eccv.org.au/library/file/policy/ECCV_Ageing_and_Cultural_Diversity_Strategy_17_Nov_2007.pdf (Adobe Acrobat required)	Many of Australia's post-war migrants are moving into a period of their lives where they are likely to require aged care and support services. It is predicted that by 2011, the culturally and linguistically diverse (CALD) population aged 65 plus will increase to make up approximately 23% of the older Australian population (AIHW 2001). Many older migrants require culturally competent care around areas like language and culture. It is acknowledged that people with dementia often revert to their first language and require language specific care. It is now evident that culturally competent service planning and delivery is critical to effectively meeting the needs of this growing cohort of our older population. The next Commonwealth Government should commit to a comprehensive Ageing and Cultural Diversity Strategy involving all aspects of Commonwealth funded aged care and Positive Ageing programs. This report outlines key recommendations for what such a strategy should include, including cultural competency training and language services policies as key service standards for all aged care and Positive Ageing programs, and flexible funding models to support provision of service across such program areas.
31	Approaching death in multicultural Australia	Lickiss JN	2003	Medical Journal of Australia	Sydney, Australia	Lickiss JN. Approaching death in multicultural Australia. MJA 2003; 179(6): S14-S16.	Journal article	Hardcopy/Electronic (PDF)	**Download PDF** version from: https://www.mja.com.au/system/files/issues/179.../lic10328_fm.pdf (Adobe Acrobat required)	Culture is a system of shared ideas, concepts, rules and meanings that underlies the way we live — and approach death. Cultural diversity refers to more than ethnic diversity: age, gender, sexual preference, capabilities, education, place of residence, and occupation (including the health professions) contribute to diversity of culture. Clinical decision making involves values and ethical principles, which are influenced by culture — not only of the patient but also of the carers and health professionals. Care of patients approaching death involves the whole healthcare system — but may need, from time to time, palliative care specialist input, including specialised cultural competence. Education and training of palliative medicine specialists in Australia needs to include a focus on cultural competence.

Document number	Title	Author	Date of publication	Publisher	Place of publication	Citation	Type of document	Format	Where available	Summary
32	The biggest worry..': research findings on pain management for Aboriginal peoples in Northern Territory, Australia	McGrath P	2006	Australian Rural Health Education Network	Australia	McGrath P. 'The biggest worry..':, research findings on pain management for Aboriginal peoples in Northern Territory, Australia. Rural and Remote Health 2006; 6: 549.	Journal article	Electronic (Online/PDF)	**Download PDF** version from: http://www.rrh.org.au/publishedarticles/article_print_549.pdf (Adobe Acrobat required)	Effective pain management is considered essential during end-of-life care, and is core work for the discipline of hospice and palliative care. However, although there is extensive literature on pain relief during end-of-life care for Caucasians, there are few articles that focus specifically on issues associated with pain management for Australian Aboriginal peoples. In order to address this dearth, the article provides findings from a National Health and Medical Research Council two-year study on Aboriginal palliative care, conducted in the Northern Territory, that explored and documented issues associated with pain management for rural and remote Aboriginal peoples. The data were collected through 72 open-ended, qualitative interviews conducted with a cross-section of participants (consumers and health professionals) throughout the Northern Territory, Australia.\n\nTo understand the problems of pain management it is important to appreciate many of the cultural practices and beliefs of Aboriginal peoples. A complexity of cultural relationship rules determine who should and should not be directly involved in providing physical care. Findings from the study show that Aboriginal peoples may have a higher threshold of pain and are less likely to complain – this is particularly so for men, who do not want to appear weak by expressing their pain. Key factors impacting on pain management are cultural concerns about 'blame' and 'pay back'. There is also a fear of Western medicine, stemming from a lack of understanding of clinical notions of pain relief, fear of the administration, side effects and ramifications of medications, and fear that Western pain medications will speed up the dying process and inhibit the passing on of traditional knowledge and secrets that occurs during end-of-life. Strategies posited for ensuring effective pain management include developing trust, timely involvement of the doctor for administering pain medication, provision of emotional support, information giving to decrease fear, provision of the 'right' information to the 'right' person and strengthening of health service provision.
33	Palliative care for culturally & linguistically diverse communities. Cultural profiles to assist in providing culturally sensitive palliative care	Migrant Information Centre	2009	Migrant Information Centre	Box Hill, Australia	Migrant Information Centre (MIC). Palliative care for culturally & linguistically diverse communities. Cultural profiles to assist in providing culturally sensitive palliative care. Box Hill: MIC; 2009.	Report	Hardcopy/Electronic (PDF)	**Download PDF** version from: http://www.miceastmelb.com.au/documents/pdaproject/Palliative_care_resource_for_workersAug2009.pdf (Adobe Acrobat required)\n\nFor further information contact Migrant Information Centre (Eastern Melbourne) via:\n- **Telephone** +61 3 9285 4888\n- **Fax** +61 3 9285 4882\n- **Email** to mic@miceastmelb.com.au\n- **Website:** www.miceastmelb.com.au\n- **Mail** to:\nSuite 2, Town Hall Hub\n27 Bank Street	Each encounter with a client is unique. The perspectives and experiences that each client brings to a consultation impacts on communication. Every individual is different and the level they adhere to specific cultural traditions and values will vary. It is important never to make assumptions about people's cultural backgrounds or religions.\n\nThis resource has been developed to help palliative care providers care for people from CALD backgrounds and to build sensitivity to basic cultural differences. The resource considers the social, emotional, physical and spiritual needs of the person who is using palliative care services and their families. It will support staff to develop strategies to provide culturally appropriate services specifically for Cambodian, Chinese, Indian, Iranian, Sri Lankan and Vietnamese communities living in the Eastern Metropolitan Region of Melbourne.
34				Emerald Group Publishing Ltd	Bingley, UK	Miller C and Ahmad Y. Collaboration and partnerships: An effective response to complexity and fragmentation or a solution built on sand? International Journal of Sociology and Social Policy 2000; 20: 1-38.	Journal article	Hardcopy/Electronic (PDF)	**Abstract** available from: http://www.emeraldinsight.com/journals.htm?articleid=850320 (For full text access, contact your local hospital/university library)	The authors posit that collaboration in the UK is either recommended as good practice or enshrined within legislation as a necessity. There has been a sustained growth in the number of formal and informal collaborative relationships between state agencies and market, voluntary and community sectors, as well as within and between state agencies themselves. The authors use illustrative case study materials drawn from the their own research and consultancy experiences, particularly in the areas of inner city community based mental health, urban regeneration, policing, and child and adolescent mental health. The authors conclude that research has extensively been drawn on to illustrate the dilemmas that regularly arise when attempting to implement this policy objective.
35	Seniors From Culturally and Linguistically Diverse Backgrounds	Municipal Association of Victoria	2008	Municipal Association of Victoria	Melbourne, Australia	Municipal Association of Victoria (MAV). Seniors From Culturally and Linguistically Diverse Backgrounds. Demography on the 50 years plus Victorian population from the 2006 census. Melbourne: MAV; 2008.	Report	Electronic (Word document)	**Download MS Word** document from: http://www.mav.asn.au/policy-services/social-community/Documents/Seniors from CALD backgrounds-profiles 2006 census.docx\n\nFor further information contact Municipal Association of Victoria via:\n- **Telephone** +61 3 9667 5555\n- **Email** to\n- **Mail** to:\nLevel 12, 60 Collins St\nMELBOURNE VIC 3000\n- **Website:** www.mav.asn.au	The Statewide and local government area profiles of seniors from culturally and linguistically diverse backgrounds have been developed by the Municipal Association of Victoria to support the capacity building of councils' planning and service responses to seniors from culturally and linguistically diverse backgrounds.\n\nThe "Seniors from Culturally and Linguistically Diverse Backgrounds" profile aims to present greater detail of the ageing population by providing the 50 plus population from culturally and linguistically diverse backgrounds in 5-year age cohorts. Providing the data in this detail also provides the opportunity for "compiling up" of age groups to enable comparisons across the different ageing population cohorts used in aged care planning across Commonwealth, State and Local governments. The profiles can compliment work undertaken at the individual local level where obtaining detailed analysis of the local population is common practice across many councils. Although not in the same capacity, the 2006 census data presented in this profile follows on from the work undertaken through the Culturally Equitable Gateway Strategy "Cultural Diversity, ageing and HACC: trends in Victoria in the next 15 years" which provided a literature review and demography from the 2001 census, and projected patterns of ageing in culturally and linguistically diverse communities in Victoria.

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36	Cultural competency in Health: A guide for policy, partnerships and participation	National Health and Medical Research Council	2006	National Health and Medical Research Council	Canberra, Australia	National Health and Medical Research Council (NHMRC). Cultural competency in Health: A guide for policy, partnerships and participation. Canberra: NHMRC; 2006.	Report	Hardcopy/Electronic (PDF)	**Hardcopy** available from NHMRC via: - **Telephone** +61 2 6269 1080 - **Email** to health@nationalmailing.com.au - **Mail** to: National Mailing and Marketing PO Box 7077 Canberra BC ACT 2610 **Download PDF** version from: http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/hp19.pdf?q=publications/synopses/_files/hp19.pdf (Adobe Acrobat required)	The National Health and Medical Research Council (NHMRC) has developed this guide to help policy makers and managers with culturally competent policy and planning at all levels of the health system. The guide draws together evidence on programs for increasing cultural competence and research on influences and determinants of healthy living and environments, within culturally and linguistically diverse communities. It gives practical strategies for increasing cultural competency (see Chapter 3 in particular) and where available, gives examples of evaluated programs at local level that aim to make a difference.
37	Review of cultural training for GPs working in Aboriginal and Torres Strait Islander health	National Rural Faculty, Royal Australian College of General Practitioners	2004	Royal Australian College of General Practitioners	South Melbourne, Australia	National Rural Faculty, Royal Australian College of General Practitioners (RACGP). Review of cultural training for GPs working in Aboriginal and Torres Strait Islander health. South Melbourne: RACGP; 2004.	Report	Electronic (PDF)	**Download PDF** version from: http://www.racgp.org.au/Content/NavigationMenu/About/Faculties/AboriginalandTorresStraitIslanderHealth/Projectreports/CSTreport_summary.pdf (Adobe Acrobat required) For more information contact RACGP via: - **Telephone** +61 3 86990414 / 1800 331 626 - **Fax** +61 3 8699 0400 - **Email** to racgp@racgp.org.au - **Mail** to: National Office RACGP College House 1 Palmerston Crescent SOUTH MELBOURNE VIC 3205	The Royal Australian College of General Practitioners (RACGP) has been contracted by the Department of Health and Ageing to work with the National Aboriginal Community Controlled Health Organisation (NACCHO), the Australian Indigenous Doctors' Association (AIDA) and peak GP organisations to provide further support and training for General Practitioners (GPs) working in Aboriginal and Torres Strait Islander health. Part of this undertaking involves the development of a Cultural Safety Training (CST) program that is relevant and accessible to GPs working in this important health area. The need for training that uses concepts of cultural safety and cultural respect in a clinical context and is flexible and locally adaptable in its delivery has been highlighted in a number of key Australian government reports as well as in an assessment of the needs of GPs working in Aboriginal and Torres Strait Islander health undertaken by the RACGP. This CST program is intended to provide an additional valuable resource based on principles of best practice, not duplicating existing programs and meeting GP needs which are currently not adequately addressed. To that end, a comprehensive review of cultural training currently available to GPs working in Aboriginal and Torres Strait Islander health in all Australian states and territories has been undertaken. This document describes the results of that review which will inform the development of the CST program.
38	The ageing experience of Australians from migrant backgrounds	National Seniors Productive Ageing Centre	2011	National Seniors Productive Ageing Centre	Braddon, Australia	National Seniors Productive Ageing Centre (NSPAC). The ageing experience of Australians from migrant backgrounds. Braddon: NSPAC; 2011.	Report	Hardcopy/Electronic (PDF)	**Download PDF** version from: http://www.productiveageing.com.au/userfiles/file/Ageing%20Experiance%20Report.pdf (Adobe Acrobat required) For more information or hardcopy contact National Seniors Australia Productive Ageing Centre via: - **Telephone** +61 2 6230 4588 - **Fax** 61 2 6230 4277 - **Email** to info@productiveageing.com.au - **Mail** to: 23 Torrens Street	The study aims to improve knowledge and understanding of the ageing experiences of older adults from culturally and linguistically diverse backgrounds (CALD). It does this by analysing data from the 2006 Population Census on their living arrangements and social and economic well-being. The research examines these issues by the country of birth, with the focus on the 25 largest birthplace groups of a CALD background, in addition to language spoken at home and ancestry of CALD older adults. The aim is to identify the birthplace, language and ethnic groups that are experiencing productive ageing and others that are doing less well. Some policy implications of the research findings are discussed in the conclusion.
39	End-of-life care: guidelines for patient-centered communication	Ngo-Metzger Q, August KJ, Srinivasan M, Liao S and Meyskens FL Jr	2008	American Academy of Family Physicians	Leawood KS, USA	Ngo-Metzger Q et al. End-of-life care: guidelines for patient-centered communication. Am Fam Physician 2008; 77(2): 167-174.	Journal article	Electronic (PDF)	**PDF download** available from: http://www.aafp.org/afp/2008/0115/p167.pdf (Adobe Acrobat required)	When patients are diagnosed with cancer, primary care physicians often must deliver the bad news, discuss the prognosis, and make appropriate referrals. When delivering bad news, it is important to prioritize the key points that the patient should retain. Physicians should assess the patient's emotional state, readiness to engage in the discussion, and level of understanding about the condition. The discussion should be tailored according to these assessments. Often, multiple visits are needed. When discussing prognosis, physicians should be sensitive to variations in how much information patients want to know. The challenge for physicians is to communicate prognosis accurately without giving false hope. All physicians involved in the patient's care should coordinate their key prognosis points to avoid giving the patient mixed messages. As the disease progresses, physicians must reassess treatment effectiveness and discuss the values, goals, and preferences of the patient and family. It is important to initiate conversations about palliative care early in the disease course when the patient is still feeling well. There are innovative hospice programs that allow for simultaneous curative and palliative care. When physicians discuss the transition from curative to palliative care, they should avoid phrases that may convey to the patient a sense of failure or abandonment. Physicians also must be cognizant of how cultural factors may affect end-of-life discussions. Sensitivity to a patient's cultural and individual preferences will help the physician avoid stereotyping and making incorrect assumptions.
40	Spiritual Care. A multi faith resource for healthcare staff	NHS Education for Scotland	2006	NHS Education for Scotland	Glasgow, UK	NHS Education for Scotland (NES). Spiritual Care. A multi faith resource for healthcare staff. Glasgow: NES; 2006.	Report	Hardcopy/Electronic (PDF)	**Hardcopy** available from NHS Education for Scotland via: - **Telephone** +44 141 223 1400/1401 - **Fax** +44 141 223 1403 - **Email** to enquiries@nes.scot.nhs.uk - **Mail** to: Healthcare Chaplaincy Training and Development 2 Central Quay 89 Hydepark Street Glasgow G3 8BW **Download PDF** version from: http://www.nes.scot.nhs.uk/media/3720/march07finalversions.pdf.pdf (Adobe Acrobat required)	Scotland is a religiously and culturally diverse country and this resource is designed to assist NHS staff to address some of the religious needs of patients in their care. The Scottish Executive has stated that spiritual care, which includes but is not limited to religious care, must be provided in an equal and fair way for those of all faith communities or none. To enable this, all Boards have produced a spiritual care policy and work is being done to develop culturally competent standards for spiritual and religious care. This document gives information for a number of religious communities about: attitudes to healthcare staff and illness; religious practices; diet; fasting; washing and toilet; ideas of modesty and dress; death customs; birth customs; family planning; blood transfusions, transplants and organ donation.

Document number	Title	Author	Date of publication	Publisher	Place of publication	Citation	Type of document	Format	Where available	Summary
41	Diversity in the context of multicultural Australia: implications for nursing practice	Omeri A and Raymond L	2009	University of Notre Dame	Fremantle, Australia	Omeri A and Raymond L. Diversity in the context of multicultural Australia: implications for nursing practice. In Daly J, Speedy S & Jackson D (eds), Contexts of nursing: An introduction, Ch. 19, 3rd Edition. Australia: Elsevier, Churchill Livingstone; 2009.	Book chapter	Electronic (PDF and webpage)	**Download PDF** version from: http://researchonline.nd.edu.au/cgi/viewcontent.cgi?article=1000&context=nursing_chapters (Adobe Acrobat required) **Access online** at: http://researchonline.nd.edu.au/nursing_chapters/1/	Cultural and social structures, such as race, religion, language, education, ethnicity, and economic status are major influences on peoples health and wellbeing. The Australian people represent a wealth of cultural diversity. The term culture in this chapter is used in the broad sense to mean the cultural and social structural dimensions or institutions in the environment that influence the development of an individuals beliefs, values and behaviour patterns. In addition to the Indigenous population, Australia's cultural diversity has increased through immigration. Australia has one of the largest proportions of immigrant populations in the world, with an estimated 24% of the total population (4.96 million people) born overseas. In excess of 200 cultural and linguistic groups are represented in today's Australian population. Health care is delivered in diverse settings, such as rural-remote areas, community health settings, in the home, and in a number of acute settings within or outside hospitals in urban settings. The purpose of this chapter is to inform student nurses and to develop in them an awareness of the benefits and challenges of diversity, with the aim of promoting the delivery of nursing care to diverse populations in culturally meaningful and safe ways.
42	Cross-cultural similarities and differences in attitudes about advance care planning	Perkins HS, Geppert CMA, Gonzales A, Cortez JD and Hazuda HP	2002	Springer	Secaucus NJ, USA	Perkins HS et.al. Cross cultural similarities and differences in attitudes about advance care planning. J Gen Intern Med 2002; 17: 48-57.	Journal article	Hardcopy/Electronic (PDF)	**Download PDF** version from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494998/pdf/jgi_01032.pdf (Adobe Acrobat required)	Culture may have an important impact on a patient's decision whether to perform advance care planning. But the cultural attitudes influencing such decisions are poorly defined. This hypothesis-generating study begins to characterize those attitudes in 3 American ethnic cultures, using structured, open-ended interviews of 26 Mexican-American, 18 Euro-American, and 14 African-American inpatients of two general medicine wards in San Antonio, Texas. The 3 groups shared some views, potentially reflecting elements of an American core culture. For example, majorities of all groups believed "the patient deserves a say in treatment," and "advance directives (ADs) improve the chances a patient's wishes will be followed." But the groups differed on other themes, likely reflecting specific ethnic cultures. For example, most Mexican Americans believed "the health system controls treatment," trusted the system "to serve patients well," believed ADs "help staff know or implement a patient's wishes," and wanted "to die when treatment is futile." Few Euro Americans believed "the system controls treatment," but most trusted the system "to serve patients well," had particular wishes about life support, other care, and acceptable outcomes, and believed ADs "help staff know or implement a patient's wishes." Most African Americans believed "the health system controls treatment," few trusted the system "to serve patients well," and most believed they should "wait until very sick to express treatment wishes." In conclusion, while grounded in values that may compose part of American core culture, advance care planning may need tailoring to a patient's specific ethnic views.
43	Program of Experience in the Palliative Approach [website homepage]	Program of Experience in the Palliative Approach	2011	Queensland University of Technology	Queensland, Australia	Program of Experience in the Palliative Care Approach (PEPA) [website homepage]. Queensland: PEPA; c2011 [cited 14 May 2012]. Available from: www.pepaeducation.com	Webpage	Webpage	**Access website** at: http://www.pepaeducation.com/ For further information contact the Program of Experience in the Palliative Approach (PEPA) National Coordinator via: - **Email** to pepa@qut.edu.au - **Telephone** +61 7 3138 6121 - **Fax** +61 7 3138 6030	The Program of Experience in the Palliative Approach (PEPA) aims to improve the quality, availability and access to palliative care for people who are dying, and their families, by improving the skills and expertise of health practitioners and enhancing collaboration between service providers. PEPA offers: - Supervised clinical placements in specialist palliative care services (community and inpatient) - Integration of learning into practice - Post-placement support
44	A review of collaborative partnerships as a strategy for improving community health	Roussos ST and Fawcett SB	2000	Annual Reviews	Palo Alto CA, USA	Roussos ST and Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. Ann. Rev. Public Health 2000; 21: 369–402.	Journal article	Hardcopy/Electronic (PDF)	**Abstract** available at: http://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.21.1.369 (For full text access, contact your local hospital/university library)	Collaborative partnerships (people and organizations from multiple sectors working together in common purpose) are a prominent strategy for community health improvement. This review examines evidence about the effects of collaborative partnerships on (a) community and systems change (environmental changes), (b) community-wide behaviour change, and (c) more distant population-level health outcomes. We also consider the conditions and factors that may determine whether collaborative partnerships are effective. The review concludes with specific recommendations designed to enhance research and practice and to set conditions for
45	Communication with Relatives and Collusion in Palliative Care: A Cross-Cultural Perspective.	Chaturvedi SK, Loiselle CG and Chandra PS	2009	Medknow Publications And Media	Mumbai, India	Chaturvedi SK, Loiselle CG and Chandra PS. Communication with Relatives and Collusion in Palliative Care: A Cross-Cultural Perspective. Indian J Pall Care 2009; 15(1): 2-9.	Journal article	Hardcopy/Electronic (online/PDF)	View **full text** article at: http://www.jpalliativecare.com/text.asp?2009/15/1/2/53485	Handling collusion among patients and family members is one of the biggest challenges that palliative care professionals face across cultures. Communication with patients and relatives can be complex particularly in filial cultures where families play an important role in illness management and treatment decision-making. Collusion comes in different forms and intensity and is often not absolute. Some illness-related issues may be discussed with the patient, whereas others are left unspoken. Particularly in palliative care, the transition from curative to palliative treatment and discussion of death and dying are often topics involving collusion. Communication patterns may also be influenced by age, gender, age, and family role. This paper outlines different types of collusion and how collusion manifests in Indian and Western cultures. In addition, promising avenues for future research are presented.
46	Dealing with Ethics in a Multicultural World	Sheikh A	2001	BMJ Group	London, UK	Sheikh A. Dealing with Ethics in a Multicultural World. Western J Med 2001; 174(2): 87–88.	Journal article	Hardcopy/Electronic (PDF)	**Download PDF** version from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071255/pdf/wjm17400087.pdf (Adobe Acrobat required)	This commentary reminds us of the wide-ranging convictions and customs of our patients. Cultural norms of ethnic minority communities may effect health care provision in many ways, including death practices such as disposal of a body. The author concludes that inevitably, in any human society, certain beliefs will be (rightly or wrongly) construed as unethical, to the extent that their cultural expression is not sanctioned. As autonomous moral agents, we have a responsibility to question the veracity of our own beliefs. The cultural diversity that now surrounds us enables us to obtain, perhaps for the first time, an insider's appreciation of world views other than our own

Document number	Title	Author	Date of publication	Publisher	Place of publication	Citation	Type of document	Format	Where available	Summary
47	Multicultural palliative care guidelines	Taylor A and Box M	1999	Palliative Care Australia	Eastwood, Australia	Taylor A and Box M. Multicultural palliative care guidelines. Eastwood: Palliative Care Australia; 1999.	Report	Hardcopy/Electronic (PDF)	**Download PDF** version from: http://www.palliativecare.org.au/Portals/46/Multicultural%20palliative%20care%20guidelines.pdf (Adobe Acrobat required) For further information contact Palliative Care Victoria via: - **Telephone** +61 3 9662 9644 - **Fax** +61 3 9662 9722 - **Email** to info@pallcarevic.asn.au - **Website:** www.pallcarevic.asn.au / www.palliativecare.org.au - **Mail** to: Suite 3C, Level 2 182 Victoria Parade EAST MELBOURNE VIC 3002	In May 1998 the Palliative Care Council of South Australia needed to consider reprinting brochures about palliative care in Italian, Greek, Polish and Vietnamese. Meanwhile Palliative Care Victoria was similarly seeking to revise and expand a range of brochures in 15 languages. Both organisations decided that it would also be beneficial to produce a multi-cultural guideline for health professionals and others working in or associated with palliative care. The Western Palliative Care Service had produced a similar book on the above four languages in 1995. To reduce costs, a collaborative approach was established and the number of language groups increased to 20. In addition, the work performed in SA and Victoria was offered to the national body, Palliative Care Australia (PCA). PCA enthusiastically endorsed the project and chose this as a focus for National Palliative Care Week 1999. Brochures for the five major cultural groups: Italian, Greek, Vietnamese, Chinese and Polish, comprising 62% of the total print run, were produced for distribution during National Palliative Care Week, July 11 - 17 1999. Brochures in the remaining 15 languages followed in November 1999. The extension of the project to include some multicultural guidelines was considered to be particularly important. We have welcomed many cultures to this country and their customs, rituals and values have added a richness to our community. We must do our best to ensure that a sensitive approach and respectful consideration are given to any person with a life threatening illness and their family and friends. Because there are many customs and rituals, with which we may be unfamiliar, these guidelines have been developed to assist those working with these people, and their families.
48	Training overview [webpage]	Centre for Cultural Diversity in Ageing	2010-2012	Centre for Cultural Diversity in Ageing	Glenferrie South, Australia	Centre for Cultural Diversity in Ageing. Training overview [webpage]. Glenferrie South: Centre for Cultural Diversity in Ageing; c2010-2012 [cited 14 May 2012]. Available at: www.culturaldiversity.com.au/training/training	Webpage	Webpage	**Access webpage** at: www.culturaldiversity.com.au/training/training For further information contact Centre for Cultural Diversity in Ageing via: - **Telephone** +61 3 8823 7979 - **Fax** +61 3 9822 6870 - **Email** to info@culturaldiversity.com.au - **Website:** www.culturaldiversity.com.au - **Mail** to: PO Box 5093	The Centre for Cultural Diversity in Ageing conducts a range of professional development activities including workshops, seminars, forums and conferences aimed at supporting Victorian aged care providers to deliver culturally inclusive services. This website provides details of the 2012 conference and a link for organising training workshops.
49	Cross-cultural partnerships for child abuse prevention with Native American communities	Tong C and Cross T	1991	Northwest Indian Child Welfare Association	Portland Oregon, USA	Tong C and Cross T. Cross Cultural Partnerships for Child Abuse Prevention with Native American communities. Portland: Northwest Indian Child Welfare Association; 1991. [As cited in: Libesman T. Child welfare approaches for Indigenous communities: international perspectives. Melbourne: Commonwealth of Australia; 2004.]	Report	Electronic (PDF)	**Download PDF** version of Libesman T, "Child welfare approaches for Indigenous communities: international perspectives" from: http://www.aifs.gov.au/nch/pubs/issues/issues20/issues20.pdf (Adobe Acrobat required) For further information contact Child Family Community Australia, Australian Institute of Family Studies via: - **Telephone** +61 3 9214 7888 - **Fax:** +61 3 9214 7839 - **Mail** to: Level 20 South Tower 485 La Trobe Street MELBOURNE VIC 3000	The paper describes a range of service models that focus on Indigenous collaboration, community development, community participation and community control. Although local solutions will need to be found for different Indigenous communities, there is a preference across Indigenous communities for holistic, multifaceted approaches that heal all sections of the community and address the underlying causes of health and social problems. Some key policy and practice recommendations for the development of better child protection and child welfare/family support systems are described.
50	Victorian Palliative Care Satisfaction Survey. State-wide Report June 2011	Communities, Northwest Indian Child Welfare Institute, Portland, Oregon.	2011	UltraFeedback Ltd	Eltham, Australia	UltraFeedback. Victorian Palliative Care Satisfaction Survey. State-wide Report June 2011. Hawthorn: UltraFeedback; 2011.	Report	Hardcopy/Electronic (PDF)	Hardcopy/PDF version available from UltraFeedback or Palliative Care Victoria via: **UltraFeedback** - **Telephone** +61 3 9819 2086 - **Free call** 1800 143 733 - **Email** to izzy.mckenna@ultrafeedback.com - **Mail** to: 2 Domville Avenue HAWTHORN VIC 3122 **Palliative Care Victoria** - **Telephone** +61 3 9662 9644 - **Email** to ann@pallcarevic.asn.au - **Mail** to: Level 2, 182 Victoria Parade	This is the second year of the Victorian Palliative Care Satisfaction Survey (VPCSS). This project captures feedback from adult patients, carers and bereaved carers from both community and inpatient palliative care settings. The following report provides the State-wide results for the research conducted between the 25th February and the 13th May 2011.

Document number	Title	Author	Date of publication	Publisher	Place of publication	Citation	Type of document	Format	Where available	Summary
51	Cultural diversity guide	Department of Human Services Victoria	2004	State of Victoria, Department of Human Services	Melbourne, Australia	Department of Human Services. Cultural diversity guide. Melbourne: State of Victoria; 2004.	Guide	Electronic (PDF)	**Download PDF** version from: http://www.dhs.vic.gov.au/__data/assets/pdf_file/0004/594877/cultural_diveristy_guide_2006.pdf (Adobe Acrobat required) For further information contact the DHS Diversity and Inclusion Unit via: - **Telephone** +61 3 9096 7842 - **Email** to language.services@dhs.vic.gov.au - **Mail** to: Diversity and Inclusion Unit Policy and Client Outcomes Branch Department of Human Services 50 Lonsdale Street	The purpose of this Cultural Diversity Guide is to assist programs and agencies by: supporting the human services system to meet its obligations under Whole-of-Government reporting on responsiveness to cultural diversity; identifying a range of available strategies to improve cultural responsiveness and levers to effect cultural change, recognising that no single strategy suits every program and agency and there are many different pathways to equitable, high quality service provision; illustrating the different strategies and levers with examples of good multicultural practice that already occur across the human services system; providing guidance on additional resources and supports for programs and agencies in managing cultural diversity.
52	Current and projected patterns of ageing in CALD communities Victoria	Howe AL	2006	State of Victoria, Department of Human Services	Melbourne, Australia	Howe AL. Part 2: Current and projected patterns of ageing in CALD communities Victoria. In: Cultural diversity, ageing and HACC: trends in Victoria in the next 15 years. Melbourne: State of Victoria; 2006.	Report section	Hardcopy/Electronic (PDF)	**Download PDF** version of this section from: http://www.health.vic.gov.au/hacc/downloads/pdf/cda_part2.pdf **Download PDF** version of full report from: http://www.health.vic.gov.au/hacc/downloads/pdf/cda_whole.pdf (Adobe Acrobat required) For further information contact Home and Community Care (HACC), Department of Human Services via:	The central findings of this research concern the impending and sustained growth in Victoria's culturally and linguistically diverse (CALD) population over the next two decades. This section of the report provides data on the current and future state of the ageing CALD population, including: diversity of language groups and proficiency in English with regard to age; indicators of need for culturally oriented services; comparison of age-structure of English-speaking and CALD groups; differences in ageing between CALD communities; projected future trends in ageing; and metropolitan and regional differences.