



Wesley Port Adelaide

Ethnic Link Services
Unitingcare Wesley Port Adelaide

Submission to the Productivity Commission:
Inquiry into Caring for Older Australians

March 2011

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Preliminary Comment

The Productivity Commission: *Inquiry into Caring for Older Australians* is to be congratulated for taking on such an extensive task and for providing recommendations that will address some very important areas of concern in aged care into the future. A response to particular recommendations are provided later in this submission.

Aim of this response

It is the intention of this submission to provide a response that focuses on the provision of aged care to people of culturally and linguistically diverse (CALD) background.

PART 1: Statistics and background regarding people of CALD background

Background

Productivity Commission: *Inquiry into Caring for Older Australians* has received a number of other submissions in regard to caring for older people of culturally and linguistically diverse background. This submission supports a number of the findings and recommendations and will make some comments about this later, however will concentrate on providing other information here. Of particular concern is the situation in South Australia and the delivery of appropriate service taking into consideration that SA has an existing successful model of service in Ethnic Link Services (to be detailed later) as well as other services for people of CALD background.

People of culturally and linguistically diverse (CALD) background –ie people from non English Speaking background represent a large part of the population of Australia. The Federation of Ethnic Communities Council (FECCA), Centre for Cultural Diversity on Ageing and others provide a number of facts and statistics for the aged of CALD background in Australia.

According to the 2006 census 21% of the 65+ age group came from a non-English speaking background (NESB). That is, they were born in countries where English is not their first language.
(Federation of Ethnic Communities Council, submission number 210, pp 5 and 6)

Furthermore, the proportion of CALD aged will increase in the population over the next 20 years, according to all the projections undertaken by different agencies.

It is the opinion of ELS that people of CALD background have not been fully acknowledged by government to where it translates into appropriate funding and services. It is imperative that this occur now during these reforms. ELS UCWPA supports FECCA's recommendations with some modification.

Recommendation 1:

That the Commonwealth Government acknowledge the size and significance of the CALD ageing population and treat this group as a high level priority in its funding; that this translates into the development of aged care services that are equitable and appropriate in size and scope.

Taking this and other aspects into account, it is at this point in time and into the future there will be large numbers of people of CALD background in the aged care sector that do require equal access to services which will require specialised services with a CALD focus due to a number of issues and barriers.

Issues and barriers for people of CALD background

There are a number of issues and barriers for people of CALD background in their quest for services. These have been articulated in other responses to the Commission including FECCA, the Centre for Cultural Diversity in Ageing (Victoria), Multicultural Aged Care (SA) and others. Several key ones are reiterated here from the perspective of Ethnic Link Services, a service provider working with **hundreds of thousands of people of CALD background for some 24 years**. Some suggested solutions are provided.

To address the systemic and persistent issues of inadequate services to CALD, there is a need to develop regulations for care, service standards, policies and frameworks for working with CALD people to ensure appropriate standards of service and that service providers are made accountable to deliver on these.

Recommendation 2:

That regulations for care, service standards, policies and frameworks be developed for working with people of CALD background across the service spectrum to ensure that services are culturally and linguistically appropriate and that service providers are made accountable to deliver on these.

Issues and barriers include language barriers, lack of information regarding services including service types, location and difficulty in navigating the service system. There are additional health problems with age, some are chronic and limit people's ability to participate in activities, resulting in isolation and issues around mental health and wellbeing. Most of these issues and barriers are experienced Australia wide, however some issues are more problematic in some areas than others eg rural.

The main issues for CALD clients in accessing services are:

- **Communication issues and language barriers for people who speak minimal to no English a significant problem, with services frequently not providing an interpreter or language worker.**

Determining a clients needs and wishes at an assessment stage and in the development of a care plan as well as when changes occur, should be delivered in the language in which the client has fluency and a high capacity to communicate. This has implications for services and would require them to be responsible for obtaining a language service, ie an interpreter or language worker. Ideally it would be a bilingual worker who sits within aged care and therefore knows services. Alternatively it would be an interpreter with an experienced aged care provider.

Recommendation 3: That services to people of CALD background must provide a language service where necessary for communication, preferably face to face, from the initial stage of service, ie at the assessment of a person's need for service and at key stages throughout service delivery where communication is required in order to deliver services.

A person's capacity to communicate has legal, moral and equity aspects and should be seen as a right.

Recommendation 4: That a person who does not have fluency in English be provided with appropriate language service and that the provision of languages service be considered a basic right in Australia; that is, that a client be provided with a language service in a language that will enable them to communicate their service needs and preferences.

- **Lack of information regarding services due to a number of factors including**
 - **information is not provided in a language the person understands, or**
 - **b) in a method that is not culturally understood or**
 - **c) in a medium that may not be suitable, ie telephone**
 - **d) in a manner that does not engage the person**

Communication undertaken with a client and or carer through a bilingual worker or interpreter and face to face ensures that information is more likely to be understood.

Recommendation 5: That the most appropriate method of communication be used in the provision of information to CALD people and communities,

- ***For an individual, carer or family it would be face to face with the language worker or interpreter***
- ***For CALD groups or communities it may be via ethnic media.***

- The person does not know how to access services and requires assistance to obtain services, maintain them and when changes to services are required.

Solution: In South Australia, use Ethnic Link Services, an advocacy and language service which navigates the service system with the person of CALD background who cannot do it themselves due to limitations of language.

Recommendation 6: That models of service be developed throughout Australia, which may be different in different areas, where clients of CALD background as well as other clients who require it are assisted by an advocacy service in navigating the service system to enable them to obtain the services they require.

- **Frailty due to advanced age and health conditions which limit the ability to use public transport in addition to inadequate transport.**

Service data shows that people of CALD background remain at home in their community longer than non CALD and prefer this to entering residential care where they are underrepresented. This means that they are often frail and require additional assistance. ELS service data confirms a preference for remaining at home longer and independent in the community. An overwhelming number of ELS clients live to the end of life at home with some support. They do however sometimes require assistance, ie services to go into their home and transport.

Recommendation 7: For the frail aged who require it, provide services to them in their own home and where required accompany the person to appointment. This could be undertaken by either a care worker, volunteer or other person.

- **Barriers due to silo service types which are not client focused nor what clients want.**

Example one: HACC services are relatively flexible compared with Commonwealth packages of care. ELS is funded by HACC and provides services to clients of CALD background by advocating for them and linking them to a range of services for their needs. However, once assessed for a Commonwealth package, ELS is not able to continue to assist the client with language as the package provider is responsible for the whole package of services including any language service. As this language services are expensive the cost comes out of the package; in many cases it means language services are not provided. A number of ELS clients who really require the higher level of care within a package have refused the package because they would be losing the language support from ELS.

Example two: Older people often have health conditions some of them chronic which limit their capacity to participate in out of home activities including social activities which must be taken into account when delivering services. Health is a priority for clients and basic to their capacity to do anything else. Lack of support with health is a primary cause of isolation, depression, more frequent entry to hospital. A seamless service would enable all the necessary range of care required.

Recommendation 8: Provide a client focused, holistic service which may comprise of a range of different services and options with the necessary flexibility as required by the client. Eliminate barriers to services.

A part of being client focused is to ensure that the person not only has services, but adequate supports such as advocacy where the family cannot do this. This is all a part of a client focused approach to service provision. The person may need a service at the ready; that they are connected and trust; with someone they can communicate with if a change in circumstances necessitates contact.

Recommendation 9: That where a person requires it, an advocate service be provided to assist in areas surrounding services that are appropriate for that person.

South Australia

South Australia is the state with the largest proportion of people aged 65 and older. The 2006 census found that over 21% of people in South Australia aged 65 years and over are born in a country where English is not the dominant language spoken. Of particular relevance is that the number of people aged 80 and over from CALD backgrounds is expected to increase in greater proportion to the Australian born population.

There are details regarding the statistics and projections in the *State of Ageing in South Australia: A Summary of a Report to the South Australian Office for the Ageing 2008* by Graeme Hugo et al published in 2009. The report findings state that the overseas born older population is currently growing twice as fast as the Australian-born. The report refers to the 2006 census that found 22.5% of those born in a non English speaking country were not able to speak English well or at all – with the proportion of those aged 75+ being 30.4%. (Hugo et al Section 14; “Older South Australians from Culturally and Linguistically Diverse (CALD) Backgrounds” p 71)

The South Australian Government has noted the following in its plan for the aged:

Cultural diversity is one of the strengths of our South Australian community. Of all the states, South Australia has the oldest population group with a language other than English. It is essential that access to culturally appropriate services and information continues to be provided. People from multicultural background need individualised services that encourage choice and independence and ensure people maintain links with their communities.

(Improving with Age: Our Ageing Plan for South Australia, Government of SA 2006, p7)

South Australia, through OFTA has developed and delivered a number of strategies for people of CALD background. However, there is concern among CALD communities, particularly smaller ones and some agencies providing services, that when the Commonwealth takes over the funding of aged care, their work and service will not be supported.

Though the aged of CALD background are more likely to live in Metropolitan Adelaide and spread out within it, there are concentrations in the western and northern suburbs. (Section 14; Older South Australians from Culturally and Linguistically Diverse (CALD) Backgrounds, p 71.) There are smaller numbers of aged of CALD background concentrated in the Riverland and Whyalla, with fewer in Mount Gambier, Port Lincoln and Coober Pedy. (Ibid p 71)

Ethnic Link Services' (ELS) service data confirms these concentrations. It also shows that older people of CALD background in the Riverland are dispersed across and between several towns, with the aged on rural properties less likely to speak English. ELS currently provides services to the aged of CALD background in the Riverland and Whyalla.

Hugo et al states that 17 CALD communities receive ongoing funding for HACC services. 6 ibid, p 72 There are over 120 communities of CALD background in SA.

South Australia is different than other states in its dispersal of CALD across the state and its range of service providers due to a number of factors. SA has many smaller local governments with Metropolitan Adelaide having more than 20 local governments; some have now amalgamated, some remain small. This has serious implications for services with one issue being transport for the frail aged as most local government transport does extend beyond council borders.

Compared with other states such as Victoria and NSW where there are large councils or agencies that provide a suite of services to people in an area, in SA there are over 150 services in the Adelaide metropolitan area alone that provide services to the aged care in the community. While other states have larger regions with larger clusters of people of culturally diverse backgrounds, in SA the number of CALD aged is smaller in total, yet spread across the metropolitan area and a large state. Therefore other solutions are needed to provide for equitable aged care services across the community to CALD.

These statistics and factors must be taken into consideration in service requirements including the type and location of services in South Australia.

Office for the Ageing in South Australia

Office for the Ageing in South Australia has employed a number of strategies to enable greater equity to HACC clients of CALD background through a process of direct allocation; based on consultation and analysis and therefore identifying where there are gaps in services. Though this is still not perfect, it has enabled some of the medium sized communities to receive some services with a more equitable spread to others. Currently in SA there are 17 CALD communities that receive specific funding; they provide ethno specific services which are sought after by people of their cultural group. However given that there are more than 120 CALD communities (not all of them with numbers of aged), there are still gaps. **This is where ELS comes in and provide services to people from the CALD communities that do not receive their own funding.**

In SA there are services which cater to a number of different cultural groups and sit within a mainstream organisation, ie Ethnic Link Services which is within UnitingCare Wesley Port Adelaide; there are others.

In addition, there are a number of successful partnerships between such multicultural agencies, CALD communities and mainstream agencies that have enabled quality services to be developed for people of CALD background. These have generally had a bilingual worker and service directly connected to people of CALD background – with the mainstream agency providing service elements and supports like transport etc. ELS has developed a number of partnerships, for example, in its facilitation of ethno specific social groups to relieve social isolation. These have generally been with local government and some with CALD communities.

In addition SA has the following agencies that intersect with the care for people of CALD background

- Multicultural Aged Care – a PICAC provider that works with CALD community agencies and mainstream agencies and provides training and resources and forum for meeting and discussion or pertinent issues that affect the aged of CALD background.
- Multicultural Communities Council of SA the peak body for CALD communities. It has a Community Visitors Scheme to visit older people of CALD background in residential care. It also has a number of buses and coordinates a community scheme for groups

There are Regional Collaborative Committees which in the Metropolitan Adelaide area work with a range of agencies that provide services in those areas. These Committees also do work on discussion of issues for the aged of CALD background in the region.

As a part of the reform in aged care, common access points are being developed in SA to eliminate the multiple referral processes and diminish the duplication of waiting lists. The two demonstration areas in SA include the culturally diverse western metropolitan Adelaide which has developed Access2Home Care. ELS has been working closely with Access2Home Care to develop referral pathways for people of CALD background and to ensure that where necessary, ie where the person has a communication or language requirement, they are provided with a face to face assessment with an ELS bilingual care worker and coordinator. It is intended that this Access points model be developed across SA.

Access2Home Care currently sits as a special entity within Domiciliary Care which, in many respects, is an appropriate placement considering that Domiciliary Care has many years of experience in delivering a range of aged care services. Domiciliary Care is a State government service which provides services across the State.

PART 3: Services and programs for people of CALD background - Ethnic Link Services and UnitingCare Wesley Port Adelaide

See the appendix of this report for the model of care and additional information about services

3.1 Introduction

Ethnic Link Services (ELS) began over 24 years ago in response to the needs of older people of culturally and linguistically diverse (CALD) background. It now provides services to clients from 45 diverse cultural groups. **The model of service that ELS provides is unique in Australia and imminently suited to South Australia.**

Funding - Ethnic Link Services has been funded since the beginning by Home and Community Care (HACC) through the Office for the Ageing, Department of Families and Communities in SA.

Breadth of service in SA - ELS works across parts of the state where there are clusters of older people of CALD background. Locations include the four regions of metropolitan Adelaide and beyond, in addition to Whyalla and the Riverland areas.

Client profile - ELS clients are the frail aged, younger disabled and their carers, ie the HACC target group, focused on people from culturally and linguistically diverse CALD background who do not have enough fluency in English and who require language assistance to enable them to access and receive services. ELS has 800 to 1,100 clients across state.

Ethnic Link Services provides a number of programs and services including:

- **individual services to clients**
- **group programs**
- **brokerage service**
- **consultancy**

Ethnic Link Services bridges language and cultural barriers for older people of CALD background and provides **ethno specific** services to clients. Bicultural/bilingual or multilingual workers work directly with clients who do not have adequate English and with them navigate the service systems and link clients to services.

Staff profile - Currently the staff employed speak over 30 languages. This is based on the languages required in metropolitan Adelaide and regions. Bilingual workers are trained to deliver aged care services.

Communities - ELS provides services to people from over 45 different CALD communities, including the larger CALD communities as well as 30 communities who do not receive any direct funding for aged care services, due to the small size of the aged or location in regional towns. ELS has the capacity to extend the languages when required by employing new workers as needed by clients and communities.

3.2 Individual services to clients

Ethnic Link Services works to enable people of CALD backgrounds to have access to supports and service that will help them remain living in their own homes in the community and assists services to be responsive to language and cultural needs.

Aspects of the Model of Care

Ethnic Link Services has the role of the navigator of the service system for CALD clients with limited capacity to navigate the system themselves and:

- Provides language assistance
- Advocates on behalf of clients
- Provides information to clients about available services
- Links clients to a range of services for their needs
- Support them in the process, and
- If circumstances change, modifies services as per client needs

Due to frailty and/or disability of clients, workers provide service to clients primarily in their own home.

Service methodology:

- ELS service is client focused and works in a **holistic way** by focusing on the clients and their needs.

- There is **ease of contact for clients**. There is one point of access for clients for a range of needs. The client makes contact with the service and is connected to the worker who speaks their language.
- ELS works in an **equitable way with all clients** who receive the same high quality service regardless of which community, religion – with no prejudice, politics or preferential treatment.
- ELS **links clients** to a range of services including mainstream and CALD communities

Ethnic Link Services works with over 100 agencies and services in South Australia that either provide services or intersect with older people, including ethno specific services, ethnic communities and mainstream services, Local, State and Commonwealth levels of government as well as non-government services and agencies .

Access Points Demonstration Project

As part of the aged care reforms implemented in South Australia common access points have been developed. ELS is working with Access2Home Care in the western part of Metropolitan Adelaide in the development of an appropriate process that enables people of CALD background to access entry into the aged care services. The Western part of Adelaide is culturally diverse.

The initial contact is via telephone, an initial screening process which is a problem for a number of people of CALD background, particularly those who are not fluent in English or where clients have difficulty in expressing their needs over the phone or through a telephone interpreter. ELS contacts people and undertakes a face to face assessment in their preferred language in their own home with the bilingual/bicultural worker and coordinator.

Ethnic Link Services has the capacity to develop this service for CALD clients who have limitations with English language across other areas of the State.

3.3 group programs

Social groups to relieve social isolation in CALD communities

ELS identified isolation as an issue in the lives of a number of clients who had minimal social support, particularly those in the smaller communities that had no social programs in their community or language.

ELS established four groups in the metropolitan area and seven in the Riverland. All groups are conducted in the common language of the group with each group facilitated by a bilingual bicultural worker from Ethnic Link Services. ELS works in partnership with local services, ie local government and some CALD communities.

3.4 brokerage service

Ethnic Link Services has developed a brokerage service due to demand and need. ELS brokers bilingual workers to other services including residential aged care services within UnitingCare Wesley Port Adelaide, in addition to external agencies that provide care services where a bilingual worker is best suited to deliver the services.

3.5 consultancy

Over the 24 years of ELS existence, it has developed considerable expertise in working with many clients and communities of CALD background not only in service delivery but also in relation to service planning, development and service delivery and working with mainstream to improve their capacity to work with CALD. ELS has developed a consultancy service which works with other agencies on various projects and research in the area of cultural diversity.

3.6 Residential Care

UnitingCare Wesley Port Adelaide has seven residential aged care facilities; within these it provides residential care to a number of people from communities of CALD background including Eastern European, Ukrainian ,Chinese, Vietnamese, Cambodian, Filipino, Maltese and Spanish Speaking.

PART 4: Response to specific areas within the Productivity Commission Report and Recommendations

4.1 General response

There is enough evidence to point out the need for reform within the aged care sector due to a number of factors including the projected increase in the number of aged in Australia as well as issues within the way care is provided. The *Productivity Commission* has undertaken an extensive review with a great deal of consideration to changes in residential and community care. The concept of reform is important to undertake, and many of the reforms proposed are supported. This includes changes in residential care and the payment of this care including restrictions and the distinction between high and low care. ELS supports the expanded use of in-reach services to residential aged care facilities and the development of local or regionally based multidisciplinary health care teams, however this should also be in community care services which would include CALD services.

ELS supports Recommendation 8.2 which recommends to replace the system of care packages with a single integrated and flexible system of care. It will enable a continuity of care with fewer limitations. As articulated previously, these packages of care have been considered inflexible.

ELS does not support Recommendation 9.1 as it does not see this as a way of caring for special needs groups as the recommendation does not go far enough in actually catering for the needs of people of CALD background. There is the premise that that the Australian Seniors Gateway Agency will deliver information and a culturally appropriate assessment; it is ELS' opinion that this will not be an effective enough service for people of CALD background. **In fact in SA it will be less effective than what is currently being delivered for people of CALD background.** (See elsewhere in this report.)

Recommendation 8.1 regarding the Australian Seniors Gateway as described within the *Productivity Commission* report text is not an effective and appropriate service or entry point for people of CALD background despite the interpreter service. The Gateway could create a greater barrier. More detailed comments about the Gateway will be made later in this response.

In addition, that "Carer support Centres be developed from existing National Carelink and Respite Centres to provide a broad range of carer support services" should be investigated prior to any development specifically also in relation to their capacity to work effectively with carers of CALD background whose concept of care and respite is often different to non CALD. It will be necessary to set up an alternative model for people of CALD background.

ELS supports recommendation 11.2 regarding the pricing of care, and that it should take into account the need to pay competitive wages to the community sector as inequity in wages in the aged care sector should be addressed.

Recommendation 12.1 - There is wisdom in establishing a new regulatory agency, the Australian Aged Care Regulation Commission (AACRA) with distinct roles in compliance and regulations enforcement etc and that AACRC's Commissioner for Complaints and Review should determine complaints as described in Recommendation 12.2.

4.2 Response to Chapter 9 Catering for diversity – caring for special needs groups

It is commendable that *Productivity Commission: Inquiry into Caring for Older Australians* has allocated a specific chapter to this and has made some important points here, referring also to a number of submissions about aged care for people of CALD background. However the area 9.2 *People from culturally and linguistically diverse background* does not go far enough and requires greater attention.

Considering that the aged of CALD background represents over 20% of the population in Australia, they require more attention with more specific recommendations that address both systemic issues and barriers and ones for direct service development and delivery to improve services for people of CALD background and to enable a much higher level of accountability to be achieved. (See recommendations elsewhere in this response and recommendations within other submissions such as FECCA's the Centre for Cultural Diversity and Ageing, Multicultural Access Projects and the Migrant Information Centre (East Melbourne) etc.)

The key points within the text box on page 269 refer to “language and consultation services could be extended ...” this is a weak statement that needs to be strengthened and framed into a recommendation. (see elsewhere for recommendations)

The Aged Care Act 1997 refers to special needs groups; among them people from non-English speaking backgrounds (NESB) with standards requiring providers to deliver services. However, in our (ELS’) experience in service delivery to people in the 14 years since the 1997 Act, this has not translated into compliance in service delivery on the ground in many aged care services both residential and community care. There has been no requirement regarding reporting and accountability tied to any measurements that have been effective, therefore the act has been ineffective. Yes, there has been a gradual improvement in some areas, due to a number of factors, however not enough for equitable services.

As stated previously, a number of service frameworks policies and standards must be developed. All services professing to provide services to people of CALD background should be made accountable.

As noted in the Inquiry, (p 272) the reforms proposed may not provide greater equity of access, and being market driven will mean that additional costs for language services may not provide equity.

On page 272 of the Inquiry, there is a reference to competitive tendering and that this translates into more services for special needs groups. ELS is not convinced of this. Competitive tendering has been used in the past and for the CALD sector in South Australia it resulted in larger CALD groups who have a greater voice and are more politically savvy being provided with proportionately larger amounts of funding than smaller CALD groups who have less of a voice. They may have the numbers but lack unity within the community. Some smaller CALD communities receive no direct funding for a number of reasons. Some CALD communities have yet to recover from these inequities although the Office for the Ageing in SA has tried to address this.

As mentioned previously, Office for the Ageing in South Australia has employed a number of strategies to enable greater equity to HACC clients of CALD background through direct allocation which have enabled some 17 CALD communities to receive funding for the provision of ethno specific services which are sought after by people of their cultural group. To provide services to the many other CALD communities, there are other providers. As stated previously, ELS provide services to people from over 45 different CALD communities that do not receive their own funding.

The Inquiry notes (page 272) that there additional costs in providing services to people of CALD background due to the cost of a language service. This is more so in mainstream service that do not have bilingual bicultural workers. Interpreter services as noted in a number of submission are expensive. In comparison, the employment of bilingual workers within service delivery is not.

ELS supports the Inquiry’s comment (p273) that there be specialised models of care to cater for people of diversity who require additional care and culturally responsive services. This should be made into a recommendation for all special needs groups. The following recommendation is for people of CALD background.

Recommendation10

That specialised models of care be developed and funded to cater for people of culturally and linguistic diverse (CALD) background who require additional care to develop culturally and linguistically responsive services appropriate for their needs.

4.3 Comment on Section 9.2 People from culturally and linguistically diverse background

The introduction to this section has made some good points. While it is appreciated that people that identify as gay, lesbian, bisexual, transgender and intersex (GLBTI) are a special group which do require appropriate consideration and services, the placement with people of CALD background is not appropriate as they are different groups requiring different dedicated service considerations.

4.4 Comment on Section: Older people from non-English speaking backgrounds

It is unfortunate that this is expressed within this Inquiry as a negative, ie non English speaking rather than a positive – culturally and linguistically diverse. The Act does refer to them as non English speaking,

however the terminology is no longer current. The term now commonly used is culturally and linguistically diverse (CALD).

It is true that older Australians not proficient in English may require assistance in navigating - as identified by Multicultural Access Projects (Metro North Region) and this should be enabled in order that they obtain the service they require.

This is precisely why the Ethnic Link Services model is so successful – it navigates the pathway to services with the person from the beginning with bilingual bicultural worker. In fact, in SA older people of CALD background in SA do not enter service through mainstream services; in reality it is through a combination of connections in the CALD communities or through Ethnic Link Services.

DOHA funded programs

The Partners in Culturally Appropriate Care Program (PICAC) has an important role in each state in providing resources and training for both mainstream and CALD agencies. The PICACs act as a central agency and forum for information and discussion. In addition to that, the Centre for Cultural Diversity in Ageing in Victoria has a number of on line resources that have been translated into other languages which are helpful for services.

Though the Community Partners Program partnership concept is a good idea in some respects, it is problematic for a several reasons. The program funding has generally been provided to the larger CALD communities, who have received CPP funding several times, while other communities have never had the funding. Also, in SA funding 3 to 4 projects per year when there are over 120 communities in a state is problematic in terms of distribution and equity. The engagement with communities is over 2-3 years then there are issues of sustainability after this.

However neither PICAC nor CPP is funding for service delivery.

Respite and Carelink Centres may provide some language information such as translated material, however more than translated material is required to assist the person in making decisions and navigate the service system when language and culture are issues.

The Commission rightly notes (p 275) that language services are inadequate. This is more complex in the context of care than just getting an interpreter.

Australian Seniors Gateway

The Commission's proposed Australian Seniors Gateway Recommendation 8.1 may reduce the complexity of the aged care system for people who are fluent in English and can assert themselves. However it will not be a preferred access point for people of CALD background and will actually create a barrier for them.

As noted by Multicultural Access Projects, older people from CALD backgrounds "are more likely to use a service that specifically targets their communities, and has workers and/or volunteers who speak their languages and understand their cultural needs...." (Submission 379, page 40 in p270 Productivity Commission.) This is confirmed by ELS with some 24 years of service provision to people of CALD background.

A large bureaucratic mainstream government agency like Centrelink (however many interpreters they have), Medicare or Family Assistance Office may not be accessed by older people of CALD background when they require it due to a number of issues and factors. Furthermore if Centrelink has the role of providing pensions to people and undertakes the financial assessment, it should not then also provide "care services" that are supposed to work in the best interests of the individual.

The way people of CALD background may feel comfortable in accessing such an agency would be to have a care worker they know from the community or other person work alongside the person and advocate for them. Advocacy is an important and integral part of care for those who have problems accessing services, particularly those with issues of culture and language.

It is important to state here that ELS has a working relationship with Centrelink and has developed very good working relations with their Multicultural Officers. ELS main role is assisting clients of CALD background in advocacy to Centrelink as some people of CALD background have difficulty accessing Centrelink directly so require ELS assistance. For example, clients receive letters from Centrelink in

English so need assistance with this. These letters are sometimes of real concern for ELS clients who worry about their pensions.

Possible reasons for viewing the Seniors Gateway service as creating a barrier for older people of CALD background are:

- a) It is large agency which in itself may make trust difficult to develop
- b) It may appear not to be person focused; more agency focused
- c) Will probably have a different person providing the services every time, so limited engagement with the person will occur
- d) Does not attend to person in their home where the client is frail and lacks transport
- e) The interpreter though a good service has limited engagement with a person
- f) The letters written to people are in English which will be a problem for some people
- g) Not seen as culturally appropriate by some.

The base assessment screening tool (p235) may be successful with people who are confident to express themselves in English, but it is not with people who do not have that confidence. It depends on who actually undertakes the screening tool and under what conditions.

A second, specialist care assessment service for more complex assessments, must take into consideration the frail aged of CALD background and their carers. (p239)

A single gateway, in order to be culturally appropriate will require considerable resources and additional services – or services attached to them for some people of CALD background.

Alternative in SA – Access2Home Care

As part of the Commonwealth/State reforms and the development of access points, two Access Points Demonstration Projects have been developed in SA. (see elsewhere for more details) They are located as separate projects within Domiciliary Care a State wide provider of a range of care services to the aged in SA. The concept is to develop them across the state. This is a better alternative to the Gateway proposed in the Inquiry.

Quality services

Quality services to all people, particularly people of CALD background require the following elements which work under a case management framework:

Stage one:

- Focus on the person to receive services – “client focused”
- Build trust with the person from the beginning between the person and service provider
- This is predicated on using the language of the person with either interpreter, or preferably a bilingual worker and taking into considering their culture and cultural preferences
- Appropriate assessment which requires real engagement with a person where they are seen to be working in the clients’ best interests
- Deliver information which in not just giving a CALD person something to read or providing information one way, it is about interacting with a person, discussing the services available in relation to their needs and preferences. This requires a number of human service elements that an experienced care provider to CALD can deliver.

Stage two:

- The step of obtaining services appropriate for the person’s needs requires advocacy usually from someone other than the final service provider; it may be a family member or advocacy worker
- Ensuring that the care plan is client focused as per client’s wishes

Stage three:

- Maintaining services and monitoring client. Ensuring that clients have easy contact to a service.

Stage four:

- Modifying services when needs change

People of CALD background, especially those with minimal or no English must have a service that negotiates the service pathways in their own language by using either bilingual workers or interpreters, with especially trained bilingual workers in preference to interpreters due to their focus on service.

Financial considerations – interpreter compared with bilingual worker

As stated in the Inquiry, the cost of interpreters is high with costs being:

Translating and Interpreting Service costs are: \$141 for first 30 minutes and \$46 for 30 minutes after that. Outside business hours the cost is \$224 with \$74 for the additional (page 277 Inquiry)

The cost of interpreters is high in comparison to the employment of a bilingual bicultural workers, however this is not possible in all services due to their size and the number of languages required. Therefore it is optimum to have an agency with a critical mass of bilingual workers and languages. ELS is an example. The service employs 45 bilingual staff and costs 2.5 to 3 times less than interpreter services and at the same time delivers services. Another example: the Royal Melbourne Hospital in the culturally diverse Melbourne has a large need for interpreters. The Hospital actually employs interpreters for the major languages (top 10 or 11) which are required more frequently. They are paid wages and therefore cost less money than if they were obtained through interpreting services.

The employment of bilingual workers is only effective when a service can sustain them. Interpreters have an important and indispensable role in many areas of Australia where their services are required.

The difference between interpreters and bilingual bicultural workers

Interpreters either TIS or private interpreters are accredited by NAATI and have a specific way of working. They interpret what a person says as accurately as possible. There is no intervention in terms of any service element.

The language provision within ELS is different; it is a part of the service. ELS provides a quality care service that is comprehensive; it is efficient and cost effective due to the use of bilingual bicultural workers who are paid wages. They are trained in aged care and are an integral part of service delivery to the CALD client and the contact point with the client. If interpreters were to be obtained from interpreter services (which must make a profit) for the 800 to 1,100 clients of ELS alone, the cost would be at least 2.5 to 3 times more expensive – as interpreters are much more costly. The service would become less effective and the result is no longer a comprehensive culturally and linguistically appropriate aged care service.

It is interesting to note that the Multicultural Access Projects prefer that interpreters have training in aged care services. Yes, this would improve the situation.

It is important to confirm that interpreters form an indispensable role in so many areas in Australian life.

PART 5: Comments on other submissions to the Productivity Commission related to aged care for people of CALD background

The Federation of Ethnic Communities Council (FECCA), Centre for Cultural Diversity on Ageing and other agencies who have knowledge and or experience in regard to the issues for the aged of culturally and linguistically diverse (CALD) background, have made important submissions to this Productivity Commission. ELS has considered the recommendations made by FECCA and the Centre for Cultural Diversity on Ageing and hereby states it supports all of their recommendations.

FECCA as the national peak body representing people of CALD background has the important role in Australia in ensuring that people of CALD background have equal citizenship; it has the lead advocacy role in Australia in the provision of advice on policy development and services – to address access and equity issues. The content of FECCA's report is thorough in articulating the issues and concerns around equitable care for people of CALD background related to services for the ageing and has pointed out the gaps and inequities. The report and its recommendations must be taken seriously.

FECCA refers to a number of models, however does not refer to ELS which is unfortunate, given ELS' profile in SA as a culturally responsive model is unfortunate. ELS is featured in an article in FECCA's magazine Mosaic.

In terms of service issues there are some important areas in the other submission. The Multicultural Access Projects have a model which looks well designed in terms of improving service responses to people of CALD background. Their submission is very good in terms of knowledge of the issues for services for people of CALD background and working on solutions.

List of recommendations

Recommendation 1:

That the Commonwealth Government acknowledge the size and significance of the CALD ageing population and treat this group as a high level priority in its funding; that this translates into the development of aged care services that are equitable and appropriate in size and scope.

Recommendation 2:

That regulations for care, service standards, policies and frameworks be developed for working with people of CALD background across the service spectrum to ensure that services are culturally and linguistically appropriate and that service providers are made accountable to deliver on these.

Recommendation 3: That services to people of CALD background must provide a language service where necessary for communication, preferably face to face, from the initial stage of service, ie at the assessment of a person's need for service and at key stages throughout service delivery where communication is required in order to deliver services.

Recommendation 4: That a person who does not have fluency in English be provided with appropriate language service and that the provision of languages service be considered a basic right in Australia; that is, that a client be provided with a language service in a language that will enable them to communicate their service needs and preferences.

Recommendation 5: That the most appropriate method of communication be used in the provision of information to CALD people and communities,

- For an individual, carer or family it would be face to face with the language worker or interpreter***
- For CALD groups or communities it may be via ethnic media.***

Recommendation 6: That models of service be developed throughout Australia, which may be different in different areas, where clients of CALD background as well as other clients who require it are assisted by an advocacy service in navigating the service system to enable them to obtain the services they require.

Recommendation 7: For the frail aged who require it, provide services to them in their own home and where required accompany the person to appointment. This could be undertaken by either a care worker, volunteer or other person.

Recommendation 8: Provide a client focused, holistic service which may comprise of a range of different services and options with the necessary flexibility as required by the client. Eliminate barriers to services.

Recommendation 9: That where a person requires it, an advocate service be provided to assist in areas surrounding services that are appropriate for that person.

Recommendation10

That specialised models of care be developed and funded to cater for people of culturally and linguistic diverse (CALD) background who require additional care to develop culturally and linguistically responsive services appropriate for their needs.



Wesley Port Adelaide

Ethnic Link Services
Unitingcare Wesley Port Adelaide

DESCRIPTION OF PROGRAMS AND SERVICES

For the Productivity Commission:
Inquiry into Caring for Older Australians

March 2011

ETHNIC LINK SERVICES

UnitingCare Wesley Port Adelaide

DESCRIPTION OF PROGRAMS AND SERVICES

For the Productivity Commission: Inquiry into Caring for Older *Australians*

March 2011

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-

1. ETHNIC LINK SERVICES – BACKGROUND

Mission

Work in partnership with others to support the frail aged, the younger disabled and their carers from culturally and linguistically diverse (CALD) backgrounds to access services that assist them to live independently in the community.

History

Ethnic Link Services (ELS) began over 24 years ago in response to the needs of older people of culturally and linguistically diverse (CALD) background. Service began with a small number of communities and now provides services to clients from approximately 45 diverse cultural groups. ELS was developed within UnitingCare Wesley Port Adelaide Community Services. **The model of service that ELS provides is unique in Australia and imminently suited to South Australia.**

Funding

Ethnic Link Services has been funded since the beginning by Home and Community Care (HACC) through the Office for the Ageing, Department of Families and Communities in South Australia.

Breadth of service in SA

The Service provides services in several areas of the state in a number of locations. ELS service is across the broader Metro regions from Gawler in the north to Willunga in the south and across the Riverland towns and Whyalla. ELS can develop services elsewhere in the state where required.

Client profile

ELS clients are the frail aged, younger disabled and their carers, ie the HACC target group, focused on people from culturally and linguistically diverse CALD background. Specifically, ELS provides services to people of CALD background who do not have fluency in English adequate to negotiate the service systems and who require language assistance to enable them to access and receive services. ELS has 800 to 1,100 clients across state.

Ethnic Link Services provides a number of programs and services.

2. SERVICE DELIVERY

2.1 OVERVIEW

Ethnic Link Services bridges language and cultural barriers for the frail older people, younger people with disabilities and those who care for them. ELS provides an **ethno specific** services to clients. ELS workers are from the communities of the client and speak the language of the client. Bicultural/bilingual or multilingual workers work directly with clients who do not have adequate English to navigate the service systems and link clients to services. ELS does the work of navigating the service system for clients. Bilingual workers are trained aged care service providers and are supported by Regional Coordinators.

Coordinators and manager

All coordinators and the manager are of CALD background with years of experience in service delivery with people of CALD background. The service has developed a high level of cultural competence.

Staff profile - staff speaking more than 30 languages.

Currently the staff employed speak over 30 languages. ELS workers are bilingual or multilingual in the following languages:

- Arabic: North African and Southern Sudanese and Middle Eastern (Iraq)
- Bari (Sudan)
- Bulgarian
- Chinese languages: Cantonese, Mandarin, Hokkien, Teo Chiew
- Croatian
- Persian
- Dari
- French
- German
- Greek
- Hungarian
- Italian
- Kuku
- Kurdish
- Kirundi
- Latvian
- Macedonian
- Maltese
- Polish
- Punjabi
- Russian
- Serbian
- Spanish
- Swahili
- Turkman
- Ukrainian
- Vietnamese

Current languages in regions are based on client needs and numbers:

- Riverland: Greek, Italian, Croatian, Punjabi, Turkish
- Whyalla: Croatian, Serbian, Polish, Italian

These have been and can be expanded to include other cultural and language groups.

Communities

ELS provides services to people from over 45 different CALD communities, including the larger CALD groups as well as 30 communities who do not receive any direct funding to their communities for aged care, due to the small size of the aged or location in regional towns, eg Afghan, Albanian, Armenian, Bulgarian, Cypriot, Czech, Egyptian, Georgian, Indian, Iraqi, Kurdish, Macedonian, Persian, Romanian, Turkish, Turkman, as well as some of the African communities from various countries ie Sudan, Congo.

New language groups and cultures

ELS has the capacity and infrastructure to **respond quickly to new language groups** by employing new workers as needed by clients and communities. The newer communities are those from Afghanistan, Iran, Iraq and several African communities ie Sudan, Congo, Burundi with the languages of clients being, ie various versions of Arabic – including Sudanese Arabic and “classical Arabic” as well as Kuku, Bari, Kirundi and Swahili.

2.2 SERVICE DELIVERY – INDIVIDUAL SERVICES TO CLIENTS

Ethnic Link Services works to enable people of CALD backgrounds to have access to supports and service that will help them remain living in their own homes in the community and that the support services are responsive to language and cultural needs.

Ethnic Link Services achieves with bilingual/bicultural workers who **navigate the service system and:**

- Provide language assistance
- Advocate on behalf of clients
- Provide information to clients about available services
- Link clients to a range of services for their needs
- Support them in the process, and
- If circumstances change, modify services as per client needs

Due to frailty and/or disability of clients, workers provide service to clients primarily in their own home.

ELS bilingual bicultural workers work very differently from interpreters. They have a much broader role and direct service involvement with clients. ELS bilingual bicultural workers are trained in aged care and deliver services to people of CALD background. They are supported by coordinators and are an integral part of service delivery to the CALD client and the contact point with the client and work according to a case plan.

Service elements:

- ELS service works in a **holistic way** by focusing on the clients and their needs.
- ELS **links clients** to a range of services including mainstream and CALD communities
- There is **ease of contact for clients**. There is one point of access for clients for a range of needs. The client makes contact with the service and is connected to the worker who speaks their language.
- ELS works in an **equitable way with all clients** who receive the same high quality service regardless of which community, religion – with **no prejudice, politics or preferential treatment**.

Ethnic Link Services works with over 100 agencies and services in South Australia that either provide services or intersect with older people, including:

- Government services including Commonwealth, State and Local councils
- Community organisations, ie ethnic communities, other community services
- Non government agencies
- Health services including RDNS, allied health, chemists etc
- Aged care services such as HACC funded services, Domiciliary Care, Meals on Wheels, Seniors Information Service, Options Coordination, Helping Hand Aged Care etc
- Aged Care package providers eg CACP and EACH providers,
- Aged Care Assessments, eg ACAT
- Disability services
- Respite services
- Residential care
- Other services eg Centrelink

ELS is well known across the service system and has an extensive network and knowledge of services and service systems.

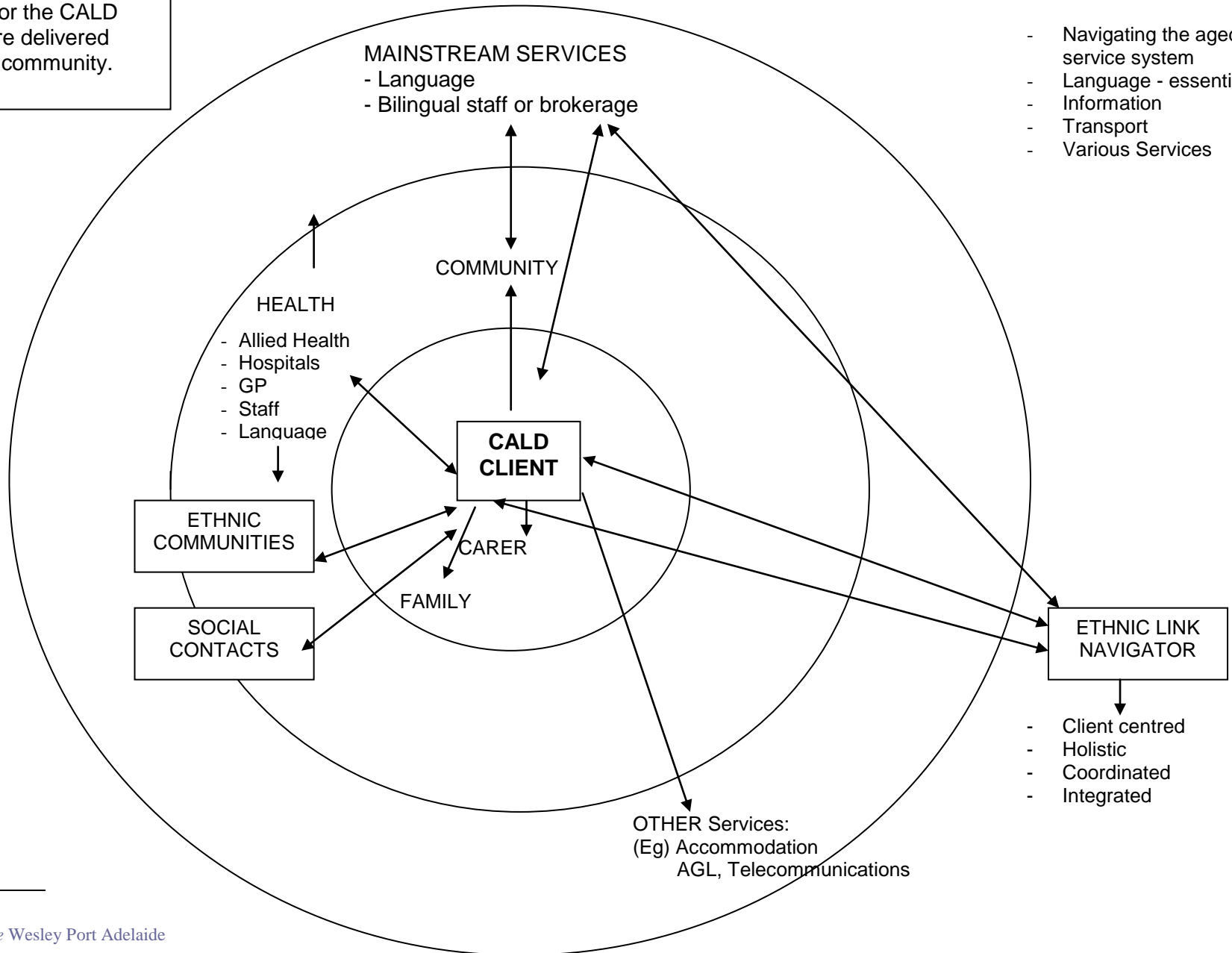
MODEL OF CARE FOR THE AGED OF CALD BACKGROUND

Ethnic Link Services

A visual representation of a client centred model of care for the CALD client where services are delivered around the client in the community.

SERVICE DELIVERY - requires

- Navigating the aged care service system
- Language - essential
- Information
- Transport
- Various Services



- Client centred
- Holistic
- Coordinated
- Integrated

2.3 MODEL OF CARE FOR THE AGED OF CALD BACKGROUND

This is an overview of a Model of Care for the aged of culturally and linguistically diverse (CALD) background that places the client at the centre and builds the services around the individual client. This is essentially how Ethnic Link Services works. Details of the model are as follows.

The model has a client centred approach with the client as the pilot – making the decisions for their own care. A holistic approach ensures that the services needed by the client take the whole person into account and are delivered according to their needs in an integrated manner.

Ethnic Link Services role:

- Ethnic Link Services has the role of the navigator of the service system for CALD HACC clients with limited capacity to navigate the system themselves, ie those with limited English language.

Process

- After referral from a variety of sources (family, service providers, self) a coordinator and bilingual/bicultural worker undertake an assessment of the client's needs in conjunction with client. It is client focused and conducted in the client's home.
- Information about available services is provided to clients and carers and discussed
- A care plan is developed with the client, bilingual worker and coordinator based on the client's needs and wishes
- Services within the care plan are delivered by the bilingual worker who advocate on behalf of clients to receive services and
- Links clients to services

Other areas of work:

- Arrange appointments, organise paperwork, assistance with language and other needs
- ELS undertakes common assessments with other services providers eg ACAT as necessary and provides the language and advocacy component of the service .
- ELS has clients in common with other agencies in situations where the agency will provide personal care or other such services, while ELS provides the language support and advocacy and would have initially linked the client to that service.
- ELS brokers out it bilingual workers with some agencies. (see Brokerage Services)

ELS does not provide direct services such as cleaning etc.

Ethnic Link Services collaborates with other agencies as follows:

- ELS receives referrals from other agencies
- Works in partnership at assessments and in an ongoing way with clients
- Advocates on behalf of clients to agencies
- Provides language assistance in conjunction with client advocacy role

2.4 SERVICE DELIVERY - GROUP PROGRAM

Social groups to relieve social isolation in CALD communities

As stated previously, ELS provides services to clients from a number of CALD communities that have no funded aged care services of their own, sometimes due to the smaller size of the community or where they are emerging or their location in rural areas.

In 2006, ELS identified isolation as an issue and gap in the lives of a number of clients who had minimal social support, particularly those in the smaller communities that do not receive any HACC or other funding for their aged and therefore had no social programs delivered in their own language. Isolation was of particular concern in the rural area of the Riverland as well as the metropolitan area of Adelaide. Consultations identified social isolation as a significant issue and people stated that they would like to meet for social and cultural activities, exercise and to attend outings.

In 2007 ELS developed a new program area - the facilitation of groups for the socially isolated older people of CALD background. ELS received funding from HACC initially to do this.

Groups established

ELS established four groups in the metropolitan area and seven in the Riverland. All groups are conducted in the common language of the group with each group facilitated by a bilingual bicultural worker from Ethnic Link Services.

Metro groups include:

- Spanish Speaking Group in the North
- Spanish Speaking Group in the West
- Bosnian Group in the North
- African in Central North

The groups in the north are run in partnership with Salisbury Council who provides additional supports, ie local setting for groups and transport and in the west with Charles Sturt Council. The members of the Spanish Speaking group come from a range of countries from Central and South America and Spain. The Spanish language is a common factor.

Riverland groups are in several of the towns spread across the Riverland and include

- Several groups for Greeks in the Riverland towns
- Several Italian groups in two towns
- A group for the communities from the former Yugoslavia – Croatian, Serbian, etc
- Turkish

Methodology within groups – self directed

Following the formation of all groups, members of groups in consultation identified the activities they preferred in common. The groups have continued to be largely self directed in their activities, with guidance from group facilitators. This enables people to express themselves and for groups to develop capacities which support their strengths and maintain independence while enhancing group development. Therefore, activities vary for each group.

An evaluating the groups with a consultant identified key areas for their success:

- Participants in all groups have stated that their participation in their group and the activities have been a real benefit to their lives, lessened loneliness and depression.
- The most important factor in all groups was that the groups are in their own language.
- Developments or “spin offs” that have occurred to enhance group members lives including greater connection to their local councils and other activities.

2.5 SERVICE DELIVERY BROKERAGE

Ethnic Link Services has developed a brokerage service due to demand and need.

This service has been promoted and the ELS bilingual workers have developed such a good reputation for quality services with people who have limited English, they are in demand in other services. ELS brokers bilingual workers to other services including residential aged care services within UnitingCare Wesley Port Adelaide in addition to external agencies that provide care services.

2.6 CONSULTANCY WORK

Over the 24 years of ELS existence, it has built up considerable expertise in working with many clients and communities of CALD background not only in service delivery but also in relation to service planning, development and service delivery and working with mainstream to improve their capacity to work with CALD.

Management within ELS, that is the regional coordinators and manager have many years of expertise in working with CALD services in a range of sectors – in CALD communities, government and non government services including mainstream services. Additional experience has been in undertaken consultancies for government and non government generally around service analysis and the improvement of services and new service model development for people of CALD background.

The development of the consultancy service has grown. Past consultancies have involved the following:

- Mental health – several projects including supporting research with the aged of CALD background in the Riverland in mental health with the Division of General Practice.
- Research with the aged of CALD background with University
- For the digital switchover, work with Cultural Perspectives in the delivery of community information to CALD communities in the Riverland
- Development of a resource for mainstream services to work with CALD communities.

3. AGED CARE REFORM – Access Points

Access Points Demonstration Project

The Commonwealth/State reforms are being implemented in South Australia with a number of reform components including the development of common access points. Two Access Points Demonstration Projects have been developed in SA, one in the culturally diverse western part of Metropolitan Adelaide with the creation of Access2Home Care– an access point for entry into the aged care services. The initial contact is via telephone, an initial screening process.

Telephone contact is a problem for a number of people of CALD background, particularly those who speak minimal to no English. Therefore, ELS has been working closely with the Access Points team in the western part of Metropolitan Adelaide in the development of an appropriate process that enables people of CALD background to access services. Where clients have difficulty in expressing their needs over the phone or through a telephone interpreter, ELS contacts people in their preferred language and undertakes a face to face assessment in their own home with the bilingual/bicultural worker and coordinator. The Western part of Adelaide is culturally diverse.

If required Ethnic Link Services has the capacity to develop this service for CALD clients who have limitations with English language across other areas of the State.

Financial considerations

ELS provides a quality care service that is effective, efficient and cost effective due to the use of bilingual workers who are paid wages, are coordinated and managed. Should interpreters be used for the 800 to 1,100 clients of ELS alone, the cost would be at least 2.5 to 3 times more expensive – as interpreters are much more costly. The result is not a comprehensive culturally and linguistically appropriate aged care service.

4. UCWPA RESIDENTIAL AGED CARE FACILITIES for people of CALD background

Background to Unitingcare Wesley Port Adelaide

UCWPA has over 90 years of experience in working with vulnerable clients, its service focus being on people who are significantly disadvantaged. Though services are delivered across the State of SA, most services are in the northern and western metropolitan areas. Currently, UCWPA has over 950 staff delivering a range of programs and services.

Since the late 1940's a significant focus has been service provision to migrants and refugees, therefore UCWPA has more than 50 years experience in working with people of culturally and linguistically diverse (CALD) background.

Unitingcare Wesley Port Adelaide has long been concerned about the needs of people and communities of CALD background and supported Ethnic Link Services to

Existing service sites

UCWPA currently delivers services from the following locations in the Adelaide metropolitan area and regional areas.

Metropolitan locations: <ul style="list-style-type: none">• Port Adelaide• Hampstead• Alberton• Salisbury• Paralowie• Goodwood• Bedford Park• Morphett Vale	Regional locations: <ul style="list-style-type: none">• Whyalla• Port Augusta• Mt Gambier• Bordertown• Kingston• Riverland towns
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Residential Care

UnitingCare Wesley Port Adelaide has seven residential aged care facilities; within these it provides residential care to a number of people from communities of CALD background. For example:

- St Teresa Aged Care – focus on Polish
- Seaton Aged Care – a cluster home for people from Eastern European and Ukrainian background
- Regency Green Multicultural Aged Care Facility with the original focus being seven communities in seven houses – Chinese, Vietnamese, Cambodian, Filipino, Maltese, Spanish Speaking and Aboriginal. Currently the residents are from nine different cultural backgrounds with staff also from various cultural backgrounds.