GOALS

• To increase knowledge about and use of palliative care services by people from CALD backgrounds living with a terminal illness and their families.
• To improve the capacity of palliative care services to provide culturally inclusive and responsive services to people from CALD backgrounds.

PROBLEMS

Low awareness and use of palliative care services among CALD communities means people with a life limiting illness and their families miss out on the quality of life benefits of palliative care and support to die and grieve well.

Need to improve the responsiveness of palliative care services to cultural, linguistic and spiritual diversity.

UNDERLYING CAUSES

1. Lower levels of awareness and use of palliative care among CALD communities due to:
   • Limited understanding of services available and how the health system works
   • No prior experience of palliative care
   • Fear of or taboo about discussing dying & death
   • Lower levels of English proficiency & health literacy
   • Previous negative experiences creating fear & distrust
   • Concerns that services are not sufficiently culturally inclusive and responsive.
2. Lack of referral by health providers and limited capacity to provide culturally responsive services.

TARGET GROUPS

1. CALD communities in Victoria, particularly those identified as a priority due to:
   • Demographic characteristics and population size
   • Low English proficiency / low literacy
   • Lower socio-economic status
   • Prevalence of diseases that benefit from palliative care
   • Experience of trauma
2. Palliative care services (primarily) and other relevant referring ethno-specific health professionals.

STRATEGIES

1. Engage, inform and empower CALD communities through collaboration, peer education and community awareness strategies;
2. Service system – develop and implement cultural responsiveness education for palliative care services; promote implementation of the Department of Health’s Cultural Responsiveness Framework; foster policy and project linkages to ensure an integrated approach (for example: advance care planning, Palliative Care Clinical Network projects, etc.)

ULTIMATE IMPACT

People from CALD backgrounds with a life limiting illness and their families are assisted to live, die and grieve well with the support of culturally inclusive and responsive palliative care services and community support.

APPROACH

• Collaborative cross-sector partnership involving Palliative Care Victoria (PCV), Ethnic Communities Council of Victoria (ECCV), Multicultural Centre for Women’s Health (MCWH) and a steering group including other key stakeholders.
• Engagement with relevant ethno-specific, palliative care and other community stakeholders for each of the CALD-specific projects.
• Develop and implement peer education sessions about palliative care delivered by trained MCWH bilingual workers using or tailoring existing community language resources about palliative care.
• Communications and media strategies implemented by ECCV (ethnic sector), CALD communities (by relevant ethno-specific lead agencies), and PCV (palliative care sector).
• Develop and implement cultural responsiveness education for palliative care services using specialised expertise.

DELIVERABLES 2013-2015

• Peer education and community awareness strategy implemented with 10 CALD communities, 5 per year.
• Between 140 and 180 peer education sessions delivered to target CALD communities over 2 years.
• Regular communications about the project and its progress to ethnic communities and palliative care services.
• Regular communications and media coverage about palliative care and the project within the target CALD communities in relevant community languages.
• Development of a cultural responsiveness education program for palliative care services and delivery of at least 200 hours of training by the end of 2014-15.

OUTCOMES

1. Raised awareness and understanding of palliative care among the target CALD communities.
2. Increased use of palliative care services by the target CALD communities.
3. Increased capacity of palliative care staff to provide services that are responsive to the needs of people from CALD backgrounds.

Measures

• Outcomes of the independent evaluation of the project
• Longitudinal trend data collected for the Department of Health and the annual Victorian Palliative Care Satisfaction Survey

Key stakeholders working together (multicultural peak & ethno-specific organisations, palliative care services, Government, etc.)
FACTS & FIGURES

• Demand for palliative care services and support in Victoria is expected to grow by at least 4.6% per year. Further details at: http://bit.ly/18GZLjz

• Victoria’s CALD population is ageing more rapidly than its average population. Between 2011 and 2026 the proportion of the CALD population that is aged 80 and over is projected to increase from 25.9% (compared with 27.5% for the Australian-born) to 28.7% (compared with 22.4% for the Australian-born). Further details at: http://bit.ly/10HY8NC

• A growing body of international evidence indicates that palliative care improves the quality of life of people with a life limiting illness and their families and provides more effective use of health resources. Further details at: http://bit.ly/16YHQkg

• There is a comparatively low utilisation of palliative care services among CALD communities. In 2008/09, only 6.93% of the 435,475 contacts provided by community palliative care were provided to people whose preferred language was not English whereas nearly 24% of Victorians speak a language other than English at home. Further details at: http://bit.ly/16yHQkg, p 31.

POLICY CONTEXT

• In 2010, Palliative Care Victoria’s pre-election call for action identified the need for more engagement with CALD communities to improve awareness of and access to palliative care services.

• The Victorian Government granted PCV $100,000 a year for the period 2011-2015 to develop and implement a CALD strategy.

• The Victorian Government’s Strengthening Palliative Care: Policy and strategic directions 2011-15 identifies the need to develop and research approaches that improve access for people from a CALD background to palliative care and to provide improved support for their carers. Strategies 2.10, 4.4 and 6.4. Further details at: http://bit.ly/UZfSNw

WORK UNDERTAKEN TO DATE

Leadership and collaboration

• Consultative forums with key multicultural, ethno-specific, palliative care, government and other key stakeholders held in September 2010 and May 2012.

• PCV established a collaborative leadership group in December 2010 comprising representatives from 15 organisations. It has met 12 times to discuss and provide guidance on the priorities and activities.

Independent research conducted by UltraFeedback in 2012

• This involved a literature review, 28 interviews with key stakeholders and a 89 responses to a survey of palliative care staff. Key recommendations, include:
  • Increase engagement and partnerships with CALD communities.
  • Develop workforce capacity to provide culturally responsive palliative care services.
  • Improve access by CALD communities to information about palliative care in community languages and in accessible formats.

• The complete report is available at: http://bit.ly/YuR5pd

Resources and information

• Research and compilation of relevant multicultural, spiritual and cultural responsiveness resources and provision of online access via www.pcvlibrary.asn.au

• Creation of new 3 minute video and 1 minute audio resources about palliative care in 23 community languages. Launched in National Palliative Care Week 2012.

• Provision of information about palliative care at 2 multicultural expos in November 2011 and April 2013.

CALD Community Education Project

• Developed project brief and invited project proposals by 1 February 2013. Convened independent selection panel, including Department of Health representatives.

• Negotiated with project proposers and entered into service agreements with ECCV, MCWH and Radermacher & Associates for 2013-14.

• Project Steering Group – first meeting held on 17th July and finalised its Term of Reference and reviewed project plan.

Ministerial & Departmental Support

• Minister for Health, Hon David Davis, announced the project in a joint media release with PCV and ECCV on 22nd May 2013

• Minister for Health will formally launch the project at the inaugural forum with key stakeholders on 6th August 2013.

• The Department of Health Palliative Care Team has been represented on the leadership group since its formation in 2010 and will be represented on the steering group.