

**Project for Palliative Care Services
for Culturally and Linguistically
Diverse Communities in the Barwon
South West Region. Victoria**

**Report to Department of Human
Services
April 2003**

**Barwon Health
Barwon South West Regional Community Based Palliative Care Service
104-108 Bellarine Hwy
Newcomb 3219**

EXECUTIVE SUMMARY

The Department of Human Services through the “Promoting Access to Community Based Palliative Care” initiative, provided funding to Barwon Health to undertake the project “Palliative Care for Culturally and Linguistically Diverse (CALD) Communities”.

The realisation that there is a necessity for palliative care information that is sensitive and appropriate for a variety of CALD communities, is an important step in ensuring that all people receiving palliative care services receive information that is in formats accessible to them.

The above suggests that there is a necessity for regional palliative care services (Barwon South Western region) to have a coordinated and planned response to service delivery to CALD clients, carers and families.

The projects 5 main areas (as per the submission for grant) and the outcomes can be summarised as the following.

1. A working party was established which comprised of CALD services, palliative care services and allied services representatives. Terms of reference were established to support outcomes for the other 4 areas of the project.
2. Examination of current resource material for use by CALD communities was undertaken. A Palliative Care Information Kit, using existing resources and some newly developed/translated material is being finalised, with provision for further translated material as it becomes available.
3. A variety of Protocols and Guidelines for Palliative Care Practitioners, which inform practitioners about CALD communities needs have been developed for consideration. These protocols cover the areas of: Admission Policy, Discharge Planning, Referral Planning to Allied Care Providers, Administrative Policy, Interpreter Information Kit, Enquiries by Telephone for Callers with Language Difficulties, Use of Alternative Medicines and Therapies, and Reception Liaison. Demographic data in relation to CALD communities across the Barwon South Western Region has been collected and reviewed.
4. Development of an education strategy to respond to the needs within CALD communities and palliative care services as they are expressed. This includes training for staff regarding CALD issues (including the use of interpreters).
5. A one-day conference was held in Geelong on February 26th 2003 attended by 44 nursing, allied health and volunteer palliative care staff, with reference to CALD needs and palliative care practice. Evaluation of the conference indicated a high level of satisfaction and greater awareness of individualised care and ethnic issues.

Those activities outside the sphere of this project have been included under the section other activities. They provide further food for thought and development in regard to working with CALD communities within palliative care services and community health in general.

Opening Statement

Definition of Palliative Care

“Palliative Care is care provided for a person with an active, progressive, advanced disease, who has little or no prospect of cure, and for whom the primary treatment goal is quality of life.”

Dying is an integral and inevitable part of life, and quality palliative care helps to enable people to die in a way that is congruent with their life. People’s needs vary widely as death approaches, but commonly include the need to understand what is happening, resolve issues with family and friends, achieve a sense of completion emotionally and spiritually, and come to terms with significant life changes. Palliative care can support this process by relieving pain and other symptoms, addressing practical and financial problems, and providing appropriate psychological, social and spiritual support.

Palliative care is interdisciplinary care, delivered by coordinated medical, nursing, allied health and social services and integrating the physical, psychological, social and spiritual aspects of care. It recognises the patient and family as the unit of care, and respects the right of each patient to make informed choices about the care they receive. It offers, through a mixture of specialist and primary care providers, a support system to help people live as actively and well as possible until death, and help the family cope during the patient’s illness and in their own bereavement.

(Palliative Care Australia, September 2002)

Palliative Care Services are widely recognised as health care service for clients/families/carers in the terminal stages of life of the client. It is deeply committed and embedded in holistic philosophy of the whole person, which therefore includes family and other important relationships of the client and is available to all clients requiring their service on an equitable basis. Palliative care providers are viewed as leaders in adaptation to quality service provision changes where the opportunity is available and actively seek to create those opportunities.

The extent to which CALD concepts shape the individual and influence the present quality of life for that person, will vary between situations and individuals. Only through direct communication with individuals and families can this begin to be understood. Often this communication can be impeded due to English not being the person's first language. Proficiency in English needs to be considered in terms of (1) Listening, (2) Speaking, (3) Reading and (4) Writing. It is also widely understood and acknowledged that stress and anxiety can negatively influence the capacity to understand.

The project of “Palliative Care services for C.A.L.D. communities” emanates from a variety of motives being:

- (a) Client self-directedness and the rights to self-determination.
- (b) Service Quality management
- (c) Professional career protection
- (d) Risk management principles

(e) Community connectedness

This following report is divided into the methodology and the five main proposals with update information provided for each proposal. It then includes details of other activities currently in progress and options that have been identified through this project, but are recognised outside the current scope of this project.

This project encompassed the following areas:

- 1. Establishment of a working party and Terms of Reference to work towards following 4 proposals.**
- 2. Development of resource material for use by CALD communities, which informs about palliative care concepts and local service provision.**
- 3. Development of protocols and guidelines for palliative care practitioners that informs about CALD needs.**
- 4. Development of an education strategy to respond to needs within CALD and palliative care services.**
- 5. Host a one-day conference.**
- 6. Other Activities**

The Methodology

The Barwon South West Regional Community Based Palliative Care Service Reference Group (Regional Reference Group) were the nominated reference group for this project. This project was undertaken by a project worker, in conjunction with a working party (which was established during the project) and included relevant stakeholders.

A number of techniques were employed to undertake the project.

(1) Evaluation of a variety of instituted policies standards and guidelines from a global World Health Organisation (WHO) level down to a local regional level in two main streams:

- i. Palliative Care Standards
- ii. Culturally and Linguistically Diverse Standards

(2) Evaluation of current literature and research relating to these two main streams and relating to the broader community health and wellness strategies of building stronger communities for the future.

(3) Evaluation of availability of

- (a) CALD resources to Palliative Care services and
- (b) Palliative Care resources to existing CALD services, by direct meetings with both palliative care and CALD services, where possible and communications via email, phone, working party meetings, as per terms of reference.

(4) Provision of background resources via email and mail out to facilitate the six individual palliative care services operating in the Barwon South West region to evaluate and raise the profile of the current status of CALD issues generically and in areas relative to their own areas of service provision.

Palliative Care Services in the Barwon South West Region, Victoria.

Barwon Health
Barwon Community Palliative Care Service.
104-108 Bellarine Hwy,
Newcomb. 3219
Ph. 52603 578
Ph. 52603 333
Fax: 52603517

Bellarine Peninsula Community Health Service
P.O. Box 406
Point Lonsdale. 3226
Ph. 52580855
Ph. 52580832
Fax: 52582900

Colac Area Health
Corangamite St,
Colac. 3250
Ph. 52300276
Fax: 52300205

South West Healthcare Palliative Care
Ort St
Warrnambool. 3280
Ph. 5564 4179
Fax: 55605835

Western District Health Service Palliative Care Service
P.O. Box 283
Hamilton. 3300
Ph. 5571 0359
Fax: 5571 2409

Portland & District Hospital
Bentinck St,
Portland. 3305
Ph. 5521033
Fax: 5521 0358

1. Establishment of a working party and Terms of Reference to work towards following 4 proposals.

A Working Party was established. Members of the working party were:

- 3 Palliative Care Service Provider Representatives. Bellarine Peninsula Community Health (Judy Kemp and Stephane O'Leary), Colac Area Health (Geraldine Gartland and Damien Melican) and Barwon Health (Alison King).
- City of Greater Geelong (Lenna Popovski and Peter Hall)
- Geelong Migrant Resource Centre (Toni Siketa-Spanic and Grazia Shrimpton)
- Manager Regional Programs, Barwon Health (Ann Hague)
- Barwon Region Bereavement Support Worker (Heather Cameron)
- Coordinators of Volunteers Palliative Care (Vicki Thompson and Cindy Fulton)
- Grace McKellar Centre Ethnic Services & Recreation (Lyn Furness and Elizabeth Morris)

The Terms of Reference (TOR) agreed to by the working party were:

- a. To provide an opportunity for agencies and palliative care providers to communicate regarding programs and initiatives undertaken in relation to migrant care, palliative care, liaison and developing links between services.
- b. To evaluate, plan and implement team approaches to educational and care needs relating to migrant palliative care issues.
- c. To facilitate exchange of information between all relevant stakeholders.
- d. To provide an opportunity to discuss practical issues relating to strategies and future migrant palliative care.
- e. To develop protocols for ongoing links and liaison between migrant populations and palliative care providers.

Five meetings were held and at the final meeting, the terms of reference were reviewed to evaluate the working party's achievements. PROJECT FOR PALLIATIVE CARE FOR ETHNIC COMMUNITIES. (CALD)

Refer to Appendix 1 for Working Party Final Meeting Minutes.

2. Development of resource material for use by CALD communities, which informs about palliative care concepts and local service provision.

An extensive Internet search for multilingual data and information relating to palliative care concepts has been undertaken.

(1) All brochures for presentation in an Information Kit for Palliative Care of CALD Communities have been verified as recent and correct. Two brochures were updated and another is presently in the process of being updated for the purpose of translation. Three brochures and the Kit evaluation sheet have been sent to the Central Health Interpreters Service for translation into six languages:

1. Italian
2. German
3. Netherlandic (Dutch)
4. Greek
5. Serbian
6. Croatian

As per research into the languages most relevant to the Barwon South Western region, Barwon Sub region Population Demographic Profile relating to Australian Bureau of Statistics July 2001 census data.

Another brochure will be sent, as it becomes available following updating.

List of brochures to be included in the Information Kit for Palliative Care

1. Palliative Care Victoria “About Palliative Care Booklet”.
2. Palliative Care Victoria “What exactly is Palliative Care”
3. What Happens to Information about Me (Barwon Health Brochure or your own service brochure relating to this)
4. Your Rights (Barwon Health or your own local service brochure relating to this)
5. List of Palliative Care Providers in Vic.
6. Local Palliative Care Service Brochure
7. Loss and Grief Brochure
8. Migrant Resource Brochure Summarised Version. (your own local service brochure)
9. HACC brochure.
10. Carer Respite Brochure.
11. Home Based Nursing Service Brochure (Barwon Health or your own local brochure)
12. [Possible inclusion of “When a relative dies in hospital” –multilingual]
13. Information Kit Evaluation Sheet (See Appendix 2)

While translation costs are minimal up to June 30th 2003 any further costs will be according to price lists available from:

VITS (Victorian Interpreting & Translation Service)
CHIS (Central Health Interpreting Service)
GMRC (Geelong Migrant Resource Centre-Also know as GECC-
Geelong Ethnic Communities Council)

While it is apparent that the GMRC is more costly than VITS or CHIS, it must also be taken into consideration that financially supporting the Geelong Language Service at GMRC will in the long term add to its sustainability as a viable language service in the Barwon South West Region.

(2) (i): Videos relevant to Palliative Care Service.

Initial enquires to MEP (Migrant Employment Program) Geelong, Smart Movies Productions in relation to multi-lingual voice overs for the video “ Saying Goodbye- Teenagers talk about Grief” were responded to as a possibility, however given the time constraints of the project this enquiry was not able to be followed up.

The National Cancer Foundation provides a “What is Cancer?” video in a variety of languages and although produced several years ago, was viewed by the project worker and appears to still be relevant.

(ii): The multi-lingual Lemma Collection is a multi- directional multi-lingual dictionary and was downloaded and printed. No hard copies are purchasable due to the fact that it was commissioned by the European Commission and is not owned by any one country or company. The 1800 pages of dictionary has popular and technical medical terms in eight of the nine official European languages:

- English
- Danish
- Dutch
- French
- German
- Italian
- Portuguese
- Spanish

It is presently only available in an electronic form via the internet (ref www.ceh.org.au)

A quick guide on How to download a Basic Community Profile from the ABS website was formulated by the project worker to assist service providers to view statistical data relative to their area of service provision and compare to other areas as desired.

Recommendations

(1) Multi-lingual posters and information about the availability of interpreters were reviewed. Following consultation with Geelong Migrant Resource Centre and the Ethnic Service Department Language Co-ordinator at Barwon Health, it was proposed that none of the present posters appeared to advertise the fact that an interpreter

service was available free of charge. Other identified issues in regard to the present available information included: poor colour, font size, format and chart size. A proposal was put forward by the project worker to Barwon Health Ethnic Service Department that they create their own poster for public display which informs CALD clients about the free service. This may encourage clients to ask for an interpreter. This poster could be made available to other services that offer a free interpreter service to clients.

(2) A simple audiotape relaying information about palliative care services available could be made in a variety of languages and used for advertising on various SBS radio language programs.

(3) Notification of palliative care services available in local free newspapers such as “The Echo” & “The Independent” in a variety of languages throughout the National Palliative Care Week, May 25th 2003 would raise the profile of palliative care services within the Barwon South West Region. This year’s theme is “A Community Affair”.

3. Development of protocols and guidelines for palliative care practitioners that informs about CALD needs.

(1) Protocols and Guidelines

Discussion of protocols within the working party and one on one contact by project worker with a variety of organisational and program representatives within Barwon Health and outlying providers who are servicing the palliative care needs of CALD clients in relation to

- Use of Interpreters. Barwon Health Policy to include community setting aspect specifically taking into account the right for clients self determination
- Admission / Discharge Policy
- Client and carer English proficiency established as part of admission to acute care and or palliative care service.

Several Protocols discussed in the working party meetings have been drafted and presented in this report. The presentation of these to the regional palliative care reference group for discussion, assessment and adoption has not been possible due to the fact that this group meets quarterly only and the next meeting is scheduled for May 26th 2003 outside the project completion time. **Therefore, the following protocols are presented in draft format only.**

Protocol for Admission Policy

Each service to review their own CALD policies annually and set a date for this.

All palliative care service providers to evaluate admission sheets for completion of:

- Country of birth.
- Language spoken mostly in the home.
- Approximate number of years in Australia.
- Ancestry most related to.
- Interpreter required.

For both the client and the carer where possible.

Guidelines

- Each service to have information on a relevant telephone interpreter service. Telephone interpreter services language cards be carried by each palliative care nurse either in their carry case or as a sticker on the top lid of their carry case, and shall be shown to each client/carer on admission on first contact given to the client. Nurse or care providers to have relevant telephone interpreter number entered into their mobile telephone address book
- Utilise Interpreter Information Kit checklist to evaluate if an interpreter is required where an interpreter has not been utilised before. Complete the checklist once you have established that an interpreter will be required, document and file checklist.

- Utilise relevant interpreter service where it is documented on a referral that an interpreter has been used with this client / family / carer in referring agencies care provision. Where possible gain the name of the interpreter previously used by the referring agency to promote continuity of care.
- Document use of and outcome of interpreting service in client's history and enter into service data reporting systems (PJB data collection system).

Deliver Palliative Care Information Kit with appropriate translated brochures inserted. May need to work through this with a face to face interpreter.

Protocol for Discharge Planning

Every effort will be made to notify carer about local groups or ethno specific support groups appropriate to the carer and offered a volunteer to accompany attendance to that group if required.

Guidelines:

Use of Multicultural Resources Directory Vic 2002-2003 (reference www.voma.vic.gov.au/mrd) local MRC or Ethnic Council for local information.

Protocol for Referral Planning to Allied Care Providers

Client information exchange to the accepting agency shall include specific reference to use of T.I.S. and C.H.I.S. where this has occurred while admission to palliative care service is still current. Where possible attempt to ascertain the name of the interpreter used for continuity of care and provide to allied care provider.

Protocol for Administrative Policy

Evaluate and change where necessary any policies that need a more extensive inclusion of CALD clients needs e.g. client and carer fully understand referral processes, care plan changes, service provision in their own language as necessary. Organise with appropriate heads of department for setup of TIS and/or CHIS account number (refer Appendix 3).

- Evaluate:
- Admission / discharge, care plans
 - Client satisfaction survey sheets given in appropriate language translation
 - Computer reporting and data collection system ability to formulate reports relating to Ethnic data as per:
 - (1) Country of birth.
 - (2) Languages spoken in the home – main + secondary
 - (3) Proficiency of English by self-report.
 - (4) Ancestry mostly related to by self report
 - (5) Number of years residing in Australia.
 - (6) Number of times T.I.S. used. C.H.I.S. face to face used.

For client and carer where possible

Include in Performance Evaluations for clinical staff, CALD awareness and practice (for example the use of T.I.S. and C.H.I.S.).

Formulate Educational Strategy re:

(i) CALD client needs / Cross Cultural Training
(ii) Teaching use of T.I.S. and C.H.I.S. on a regular basis to all new staff employed as part of orientation, and to current staff who are not yet well practised in use of T.I.S. + C.H.I.S.

(iii) Each nurse shall become proficient in the use of TIS/CHIS. Contact with TIS/CHIS shall be documented in the client's file clearly with a fluoro TIS/CHIS sticker. Document reason for TIS/CHIS use: For Example:

- Anxious client/carers
- Crisis management
- Plan charges
- Client / carer education / instruction
- Admission history collection

And outcome documented, for example information exchange excellent, good, reasonable, poor, and reasons why it was good or poor also documented:

e.g. -client/carers appeared not emotionally ready to deal with new information,

- problems with hearing
- problems with environment as in no phone present or attached to wall
- improved communication

(iv) Regular discussion through team meetings and debriefing of the learning and practicing use of interpreting services.

Protocol – re: Interpreter Information Kit

All Palliative Care Service providers to obtain copies of their local Ethnic services Interpreter Information Kit.

All care providers will have read the Interpreter Information Kit put out by the local hospital, Ethnic Services Department or Barwon Health. Where this is unavailable from Ethnic Services departments locally, the Barwon Health Interpreter Information Kit can be adapted by individual palliative care services with appropriate telephone numbers and contacts inserted.

Or alternatively, palliative care service providers shall formulate their own interpreter Information Kit in conjunction with the local hospital Ethnic Services Department and/or Central Health Interpreter Service and/or local Migrant Resource Centre. The Migrant Resource Centre for the Barwon South West Region is the Geelong Migrant Resource Centre at 153 Pakington St, Geelong West, Telephone 03 52216044. (Satellite service operates in Colac once a month, and Warrnambool every 6 weeks approximately.)

Protocol for: Palliative Care service enquiries by phone for callers with language difficulties.

Initial enquires concerning the nature of the service or what the service is able to provide to clients/families/carers will be dealt with via the use of a telephone interpreter service.

- (1) Where the call taker receives calls in an office environment.
- (2) Where the call has been transferred/ directed to a mobile phone of the service provider.

Guidelines:

- (1)
 - (a) Where the call taker establishes difficulty in understanding the enquiry through language accents and/or the caller does not fully understand the responses given by the call taker (service provider), the call taker shall keep the caller on the line/on hold and connect to identified appropriate interpreting service. Following this, the service provider will ask telephone interpreting service to relay information to the caller as necessary and ask them to inform the caller that a free face to face interpreter can be arranged to visit the caller, in conjunction with the service provider at a designated and agreed, time and location.

- (2)

Where service provider receives an enquiry while out in the community, which has been redirected to the service provider's mobile phone from another source.

The service provider will attempt to gain the callers phone number, or keep the caller on the line if possible, and head towards the nearest landline, public phone or a secondary mobile and ring appropriate telephone interpreting service who will then call the caller back on service providers behalf.

The service provider will check their mobile to see if number given by caller correlates correctly with the number dialled to their mobile.

(Ie. mobile phone function – last call answered – displays the number for non-silent numbers)

Protocol for use of alternative medicines and therapies

Where clients and carers use alternative medicines and/or practise alternative health and well being therapies, the palliative care service provider will glean information from the client/carer as to the uses and expected outcomes of such client/carer initiated treatments. The service provider will endeavour to assist the client/carer with these where appropriate and are not contraindicated to traditional palliative care management based on the assumption that the client is the expert in their own life.

Guidelines:

Service providers will endeavour to investigate the efficacy of such treatments and therapies to evaluate any impact on the current palliative care management on the client, by utilising internet searches, discussion with treating doctor, library enquiry, use of clinicians health channel searches presently available, and liaise with local hospital pharmacy drug information contact persons, whose phone numbers will be stored in all mobile phonebook menus. A list of internet sites to enable this will be available to each palliative care service at the completion of the project date.

Protocol for Reception Liaison

Palliative care services to identify whether reception areas are knowledgeable and practised in the use of appropriate telephone interpreting service and collaborate with them in a sensitive manner to attain this. Either through specific service training or at orientation for new staff, via referral to local Ethnic services departments, or as part of in-service.

An interpreter information kit shall be made available to reception staff or referred to correct department to obtain one.

An appropriate telephone interpreting service information kit will be made available to reception staff. Requests for obtaining a Palliative Care Information Kit will be referred to the palliative care service co-ordinator.

Opportunity for reception staff to debrief with palliative care staff in relation to telephone use difficulties will be made available directly to palliative care service co-ordinators, or via the “Ethnic Issues Practise Development Group” or directly through their own department co-ordinators as desired. Practical difficulties may be documented by reception staff for future quality management changes, and referred to the practise development group / quality manager in the interests of best practise management.

(2) Survey on Past Interpreter Usage

A short survey was distributed to nursing palliative care providers evaluating past usage of interpreters in a community based setting. The evaluation of past usage of interpreters survey revealed that out of 21 respondents only 19% of palliative care community based providers had ever contacted a paid interpreter service and only 1 respondent (4.76%) had used an interpreter service in the last two years.

The combined number of years of experience as community based service providers of the 21 respondents equalled more than 159 yrs averaging 7.57 years experience per respondent.

17 respondents in the “No usage” group totalled 135 years experience.

= Average 7.94 years

4 respondents in the “Yes group” totalled 24 years experience

= Average of 6 years experience per respondent.

Therefore, the yes usage group had a lesser average numbers of years community based experience. The reasons for this were not analysed and total number of years as a health care provider in acute care was not taken into consideration. However, the survey was indicative of a low level of usage or perceived lack of need for usage, for interpreter services. Comments related to education regarding availability and flexibility of interpreter service, and suggestions for addressing this were given for more education and practical solutions.

Protocol relating to short in-service programs specific to CALD needs for local team meetings has not been developed, however can be done at the discretion of each of the palliative care services and may include viewing educational videos such as “Cross Cultural Counselling” produced by Fremantle Migrant Resource Centre W.A.

4. Development of an education strategy to respond to needs within CALD and palliative care services.

Proposed Education Strategy:

- Immediate response to CALD needs and health services needs through:
 - Development group to liaise with Case Management Clinical Nurse Consultant to provide specific clinical pathways response to a variety of specific CALD needs.
 - Clinical Co-ordinators to develop a strategy within the routine staff performance evaluations presently occurring twice a year to include actual practise of use of telephone and face to face interpreters, with appropriate time lines and client / carers preferably within six months of V.I.T.S certification or other CALD specific education taken by palliative care providers
- Palliative care providers determine that a specific number of practitioners attend cross-cultural training course and receive certificate of completion. An option would be to contract VITS or other cross cultural training provider to provide their preset workshop programs at a locality within the Barwon South Western Region specifically for palliative care providers and the practise development group for migrant / ethnic issues.

A number of training opportunities for palliative care staff are available in the near future. CHIS have been booked tentatively for cross-cultural training for palliative care providers in the Barwon South West Region for June 11th. To be confirmed by late May. Attendance at one of 3 CHIS training workshops on Effective communications in Portland, Warrnambool and Corio to occur on May 15th, 16th for any community based health service provider has been encouraged. Discussion Day of CALD issues in Melbourne by ECCV (Ethnic Communities Council of Victoria) with PCV (Palliative Care Victoria) on May 7th.

5. Host a one-day conference.

A one-day conference was held in Geelong on February 26th 2003.

The day included:

- Profile raising and education re CALD needs and practise evaluation
- The day concluded with attendees having “food for thought” and increasing commitment to CALD issues within a generic and palliative care sphere.

44 people attended and 32 evaluation sheets were returned (not all questions completed by all respondents). The results appear below. Comments from the day included: “pleased, good day, interesting, profile raising, excellent.”

Evaluation Summary From One-Day Conference

E=Excellent G=good F=fair NS=not satisfactory

	E	G	F	NS
Presentation				
Opening Address <i>Jordan Mavros</i>	9	23		
Community Profile: Barwon South West Region <i>Julie Allen</i>	6	17	9	
Music Therapy, Palliative Care and Ethnicity <i>Lucy Forest</i>	23	7	1	
Religion as part of Cultural Care <i>Margaret Box</i>	25	4		
Use of Interpreters <i>Senada Softic and co.</i>	31			
Immigration, Sponsorship and overseas pensions <i>Toni Siketa-Spanic & Grazia Shrimpton</i>	10	12	4	1
Bereavement Self Assessment <i>Heather Cameron</i>	12	13	1	
Encouraging Change and Evidence based Practise <i>Pam Dolley</i>	5	13	6	

Other Activities:

- Other protocols and guidelines not approachable within the short time frame of this project are to be referred onto a practice development group for further development and review. The practice development group was formed as a result of consultation with the Clinical Co-ordinators of District Nursing and the Palliative Care Nurse Case Managers and the project worker. The practice development group TOR will encompass the same TOR as the working party with the aim of including other allied health professionals working within the community based setting.

The Practice Development Group for Ethnic /Migrant Issues has more than 8 members from a variety of health care providers from Barwon Health. Two meetings have already occurred and meeting times established for the next six months have been tentatively booked. The commitment level of this group is high with a philosophy statement having already been discussed and confirmed. T.O.R have been outlined for the group. Regular 3 monthly meetings have been agreed to with the Geelong Migrant Resource Centre by the C.E.O. Jordan Mavros, and notification of the groups formation to the Ethnic Services Department Barwon

Health Language Services Co-ordinator and subsequent invitation to meet as required with the group has been accepted. Information Kit Evaluation sheet has been evaluated by the group for the purposes of acceptance for translation into a variety of languages. The sheet is seen to be adaptable by the group for any future Information Kits.

Approaches to the GPAG (General Practitioners Association of Geelong) for representation on the working party were not responded to. However, the GECC notified the GP Association by letter and request that the Doctor's Priority line for interpreters be advertised in the next GP newsletter. This was followed up by the project worker to inform Palliative Care providers that this service was available to GP's and to encourage GPs to utilise it at the earliest part of health care provision access.

- Search for a software program that can translate objective information resulted in the proposal to Barwon Health management to investigate the program Systran Premium v4.0 language translation that appears to be context specific and compatible with present system requirements. Available as a package for eight bidirectional languages, the cost of this program is approximately \$1400 Australian dollars. With 24hr online technical support. Functional use of this program would enable an offsetting of the future costs of translating objective material.
- Approaches to Barwon Health Pharmacy Drug Information department regarding clients receiving pharmacy instructions and drug information in a variety of languages were made and discussion of this concept at appropriate pharmacy meetings was requested and agreed to with positive openness.
- The Barwon South West Regional Palliative Care Reference Group is formulating a "Bereavement Self-Assessment Tool" for client use and its method of implementation is at present an ongoing process. The finalisation of the formation of the tool presents opportunities for translation into a variety of languages. However, a face to face interpreter to work through it with the client/carer and counsellor would be required.
- Victorian Multicultural Resource Directory 2002-2003 was put on the Barwon Health Intranet under Community and Mental Health Services.

Other Opportunities and Options beyond this Project:

- Gathering of regional information that provides immediate access to local relevant people for palliative care practitioners requires additional time to verify a local CALD database. Practical equipment will be required such as a palm organiser to store the multitude of CALD phone numbers and the specific TOR for each of these organisations in order to provide a timeliness of information provision to both practitioners and CALD clients.
- Provision of top quality 3 way speaker phones with additional extension cords clients head sets / microphones connectable to mobile phones would assist the communication process and optimal use of Telephone Interpreter Service (TIS). Many community settings suffer electrical interference from industries close by,

and clients often have only one landline too far away from bedside or alternatively a home phone line may not be present.

- Formulation of an appropriate Multi-cultural Counselling Competency Assessment (MCCA) tool specific to palliative care is a difficult and highly involved task and the possibility of approaching academic institutions such as La Trobe University to approach this should be considered some time in the future.

Recommendations

- Complete data reporting system capacity to report on ethnic specific data be updated immediately, as presently this data has to be extracted manually off each admission chart for some Palliative Care Services. This reporting capacity is already available to some district nursing data systems via PJB data system.
- In regard to CALD client's accessibility to community based health services, as part of a holistic approach to client/carer/family service provision. The option of extending community health centre opening hours (e.g. after hours service) on a trial basis, including the possibility of exchanging a CALD employee for a half day per week/fortnight from GECC as discussed with Barwon Primary Care Forum Health Promotion Project Officer should be considered sometime in the future.

General Summary

The realisation of information for use by palliative care services relating to a variety culturally and linguistically diverse communities is merely the tip of the iceberg, when the bottom line is that every person regardless of ethnicity, culture or language, is an individual in their own right.

The extent to which CALD concepts shape the individual and influence the present quality of life for that individual, and those closely connected to him/her, is so varied and changeable over time, that the most appropriate method of discovery of this extent is only approachable through direct communication with the client/carer/families. Impediments to this communication rely on the acknowledgment by service providers that impediments do exist where bidirectional communication is not fully available from the client's viewpoint. The discovery of this impediment occurs often in the crisis phase of the CALD person's life. A proactive approach to this cycle is required. Hence it is beholden to the service providers duty of care to adequately reveal the truest level of proficiency of English in the times of least stress to the client/carer/families. Investigation of proficiency of English should be extended always to all four aspects of (1) listening (2) speaking (3) reading and (4) writing, not just (1) and (2). It is already widely acknowledged that the capacity to understand decreases with increasing stress and anxiety. Hence, the timeliness of gauging proficiency of English as a proactive pathway provides a basis for determining future client/carer/family needs. Use of face to face interpreters within a sensitive environment and sensitive explanation to clients as to why the service provider requires knowledge of the clients English proficiency will allay the fear of insulting the clients intelligence and allow the client/carer/family to approach a more self directed future. It is incumbent on the service providers to ensure that they have a clear and practicable approach to this. This is available through the cross-cultural training courses whereby skill development in the use of interpreters, face to face, or via telephone service can occur under supervision.

Profile raising of generic CALD issues requires time and therefore additional human resources to cover service provision.

Proficient use of interpreters requires additional time also as the staff recognise that more planning and implementation time is needed. This time needs to be built into each client contact where use of TIS or CHIS has been identified as necessary for quality care.

Palliative Care Providers', as many community based health service providers, opportunity for cross cultural training has not been routine or part of a planned process, which to some extent has led by necessity to the use of family and friends. The passion, courage and commitment of palliative care providers to their chosen field and their ability to work constantly and tirelessly toward quality life in the terminal stages of life, in a sensitive and anxious time of the clients/carers/families life will undoubtedly become the driving force towards proficient use of interpreters. This will eventuate into an accumulative experience bank of self-discovery of CALD concepts for providers.

The use of telephone interpreting will allow the service provider to optimise home privacy which is seen as paramount for some families whose past experiences have required contact with a large number of medical and paramedical staff. TIS usage also provides the most timely response to clients/carers/families immediate needs and is therefore an integral part in quality care of crisis management, rapid care plan changes.

Short in-service programs relating to CALD needs both generically, and specifically within the palliative care phase of life may be the best approach as a continuum or precursor to cross cultural training. Reception by Palliative Care Victoria towards CALD needs has been excellent with a discussion day planned for early May 2003 in conjunction with Ethnic Community Council Victoria in Melbourne.

Equitable service access is available through liaison with existing migrant resource groups and centres. Profile raising of palliative care services by the provision of multilingual brochures, information kits and a variety of media related communications such as SBS radio, multilingual advertising in local newspapers and attendance to multicultural festivals and networking.

The outlook for “Palliative Care Service for CALD communities” is excellent, given time, as commitment level to these minority groups is high.

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Vic Multi-Cultural Resources Directory 2002-2003. www.informationvic.org.au

Victorian Interpreter & Translation Service .Countries and Languages Spoken.

Victorian Interpreter & Translation Service.We Speak Your Language.

Victorian Interpreter Service & Translation. A Guide To Cross-Cultural Training

Websites

www.adec.org.au

www.abs.gov.au

clientservices@abs.gov.au

www.aol.com.au/research+learn

www.apacproject.org

www.chis.org.au

www.ethnologue.com

www.immi.gov.au/charters/oscompla.htm

www.immi.gov.au/facts/pdf/01

www.vicaids.asn.au

www.vits.com.au

www.vmc.org.au

<http://www.atsia.gov.au/>

<http://www.vicaids.asn.au/>

Centre for Ethnic Health. www.ceh.org.au

Clinicians Health Channel www.clinicians.vic.gov.au
clinicians@dhs.vic.gov.au

DIMIA – Aust Online Publications www.dimia.gov.au

Geelong Ethnic Communities Council www.gecc.net.au

National Cancer Foundation www.cancervic.org.au

NSW Health Institute – Multi-cultural Health Communications Service N.S.W. www.ethnologue.com

Palliative Care Victoria www.pallcarevic.asn.net.au

Palliative Care Australia <http://www.pallcare.org.au>

Appendix 1

Minutes of Final Meeting working party 06-03-03

Attendees Present: Peter Hall, Elizabeth Morris, Lynne Furness, Julie Allen

Apologies: Geraldine Gartland, Toni Siketa-Spanic, Grazia Shrimpton,
HeatherCameron, Stephane O'Leary.

Minutes of the last meeting – moved as correct.

MINUTES:

Julie welcomed everybody.

Terms of Reference were reviewed as part of evaluation and many of the terms of reference were unachievable to a large extent. Time frame difficult and time of the year i.e. over the Christmas and holiday season.

A lot of information was covered. Bottom line – We are not using Interpreters to their full extent., we do not access enough information, we want to investigate how to understand a client on a more caring level. More education and training is required to learn about individual groups of people.

COGG has funding available for training issues and Peter is investigating cross-cultural training as an avenue for this.

Recommendations: Put money aside for new and existing employees for cross cultural training so they understand why they need to do this.

It appears that there is never enough time to go into CALD clients History/background which leads to many being overlooked by the system.

Process of obtaining an Interpreter is so much easier now with the development of many interpreter services and service agreements by organisations such as that which Barwon Health has with CHIS and TIS. Need to develop protocols to get service providers to use them. Hence the need for cross cultural training to inform and learn practise skills in the usage of interpreters. The profile of this concept was raised in the one day conference held on the 26th Feb at the Mercure Hotel in Geelong.

Access to multi lingual data and the provision of multilingual information for clients created the need for a community profile which was done in large by the Barwon Primary care Forum for the Barwon Sub region and completed by the project worker to include other Statistical Local Areas right across the whole Barwon South West region where Palliative Care services operate

Multilingual brochure development and the decision to translate what brochures in which languages will be made according to the Demographic Profile and will formulate part of the Information Kit for Palliative Care for Ethnic Communities The Target group for the Kit will also be based on this demographic profile in conjunction

with a recent report of data from the Community Palliative Care Program Barwon Health admission data report.

It was discussed that the multitude of variable were too many and that the Barwon Sub Region Demographic profile was a work in progress and that added variable were necessary at a later date in order to obtain a more useful CALD local profile. The process for this is lengthy and presently outside the timeframe of the Working party and the project itself Variables such as age by languages spoken in the home per each SLA, Ancestry per SLA, and Mortality per SLA would clarify the CALD community profile to a large extent. This may be available from Barwon PCP when the Barwon PCP schedule permits and the expanded Community profile statistics are released in June 2003 from the Australian Bureau of Statistics, a task which the newly developed "Practise Development Group for Ethnic/Migrant Issues" can approach at a later date. The Practise Development group is due to have its first meeting directly following this meeting and Robyn Neilson will chair the meeting to begin with.

Education purchases; in progress, 3 way speaker phones with attached head phones, Palm corder for data storing in relation to Multicultural Resources Directory and language dictionaries for use by service providers to take with them on client contact visits.

Organisations exchanged information and input given by attending various organisations to relay present status of the working party and to have input.

Review of the Terms of Reference for the Working Party:

Relating to the 4th Objective- The working party handed out relevant information and contact numbers for interpreters services
Encourage doctors to use the Dr's priority line for Telephone Interpreter service. (TIS) Brochure re this given to all. As Drs are often the first contact for the client. This was suggested that we need to get one in every Dr's surgery and support the MRC in its endeavour with this.

Computer Translator Software program called SYSTRAN Premium 4.0 being investigated for purchasing for Barwon Health and accessible to all Palliative Care agencies within the Barwon South West Region. Cost of the program is about \$1400. This will be extremely useful for translating all straight forward objective data brochures for clients in a variety of 8 or more languages.

Relating to Objective 5.

Protocol development.

Protocol for ongoing links and liaisons between migrant populations and palliative care providers. The Practise development group will meet with two local MRC representatives on a quarterly basis to inform about issues that the practise development group identifies and are continuing to address.

Protocol on Profile Raising

Practise development group will continue to participate in ethnic festivities at a local and regional level wherever opportunities arise.

The working party members thanked Julie for her efforts in the short time frame that was available and feel that a lot was covered. A job well done. The same appreciation was conveyed to the members of the working party by Julie and thanked them for their participation.

The Final meeting of the working party closed at 3pm.

Appendix 2

INFORMATION KIT EVALUATION SHEET

BARWON SOUTH WEST REGIONAL COMMUNITY BASED PALLIATIVE CARE SERVICE

The service aims to review this kit on an annual basis and appreciates your feedback. Answering the following questions will help us to revise and update it where necessary. We hope to make this kit informative, useful and sensitive to your culture.

- (1) How long have you known about Palliative Care Services?
[] years [] months
- (2) How long have you or your parents/family been living in Australia?
[] years [] months
- (3) Did you receive this kit before you or your loved one were referred to Palliative Care Services?
[] yes [] no
- (4) Did you find the kit sensitive to your culture?
[] yes [] no
- (5) Were the brochures easily read and understood?
[] yes [] no
- (6) Did you find the information in the kit helpful?
[] yes [] no
- (7) Did you read the kit for –
 - knowledge for self
 - knowledge for family
 - knowledge for friend/acquaintance
 - knowledge for organisational liason
 - knowledge for educational purposes?
- (8) It would be helpful to us to know your approximate age group however this is not essential.

We thank you for your participation in this questionnaire. Your answers are highly valued. All information is confidential.

APPENDIX 3

TELEPHONE INTERPRETER SERVICE PRICE LIST AS AT APRIL 2003

Telephone Interpreting:

Monday to Friday 8am-6pm: \$21.70 per 15 minutes or part thereof.

After hours \$34.70 per 15 minutes or part thereof.

Face to Face Interpreting

Monday to Friday 8am – 6pm \$141.05 for 90 minutes or part thereof and additional half hours at \$46.65

After Hours: \$225.70 for 90 minutes and additional half hours at \$74.85.

All prices are GST inclusive.

Organisational customer number account setup is free. No account keeping fees are applied.