# Ethnic Link Services
## Uniting*care* Wesley Port Adelaide

**Submission Two**
**To the Productivity Commission:**
*Inquiry into Caring for Older Australians*

**Re Cultural Diversity Portal of Gateway**
**April 2011**

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**Introduction to Submission Two**
This submission to the Productivity Commission: *Inquiry into Caring for Older Australians* is the second submission and forms a part of the entire submission.

The first submission contains the rationale, information and detailed explanation for the need to provide information and services to the aged of culturally and linguistically diverse (CALD) background in a manner that enables them to have equal access to services. It also provides examples of existing services that are successful in the provision of culturally and linguistically appropriate services.

This submission, Submission Two is aligned to all of the 10 recommendations made within the first submission, in particular Recommendation 10 regarding a model of care for the aged 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.*

**Background to the Cultural Diversity Portal of the Australian Seniors Gateway**
This submission contains a model for a Cultural Diversity Portal of the Australian Seniors Gateway – a portal to information and services for the aged of CALD background. The model is presented in a diagram form with text explanation.
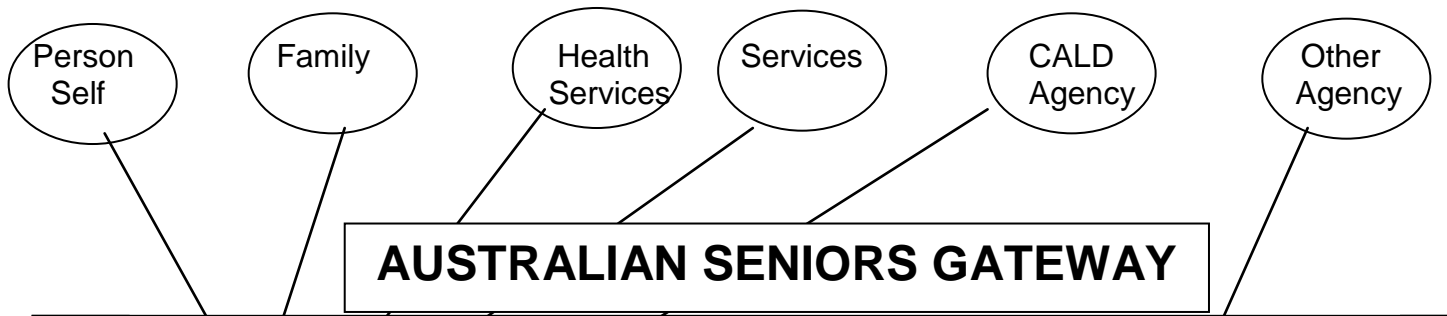
The Cultural Diversity Portal and model can be developed in the States and Territories of Australia as required, however some modification would be necessary for the particular circumstances within the States and Territories.

This Cultural Diversity Portal and model presented here has been developed for South Australia using (maximising) some of the existing services and systems that are effective services for people of CALD background in the State. The Cultural Diversity Portal complies with the requirements of the reform agenda for aged care at the front end and in service delivery.

This model is a modification of the one that currently exists in parts of South Australia with Ethnic Link Services and Access2Home Care and is being developed across SA, therefore it could be fully operational relatively soon. Access2Home Care has also developed a process for Aboriginal and Torres Strait Islander peoples which is similar to the one for people of CALD background. The Portal presented in this Submission does not contain the ATSI component of the Gateway and services, however this could be incorporated.

**Contents of this submission:**

**Person Self** · **Family** · **Health Services** · **Services** · **CALD Agency** · **Other Agency**

# AUSTRALIAN SENIORS GATEWAY

**Entry**

**CULTURAL DIVERSITY PORTAL of GATEWAY**
**Step 1 – Referrals into portal**
**One contact for CALD**

**CULTURAL DIVERSITY PORTAL**
**Step 2– Determine capacity to communicate (for CALD)**

**MAINSTREAM PORTAL of GATEWAY**

Electronic communications & services spine

**Assessment**

**Step 3 – Contact the person in their own / primary language**
Ethnic Link Services in SA

**Step 4 – Comprehensive assessment – face to face in the primary language in own home**

**Step 5 – Registering for services**

**Services**

**Step 6 – Service implementation**

**Step 7 – Language provision, advocacy and navigation**

**SERVICES**
**Services Range (there are others)**
☐ Domiciliary Care        ☐ Centrelink
☐ Aged Care Assessment
☐ Community Care Services
☐ Nursing Services        ☐ Meal Services
☐ Disability Services     ☐ Local Council
☐ Respite Services        ☐ Residential Care
☐ Medical – GP, Hospital, etc

Other ……………………………………………………

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**Review**

**Step 8 – Review of services**

# GATEWAY TO AGED CARE – INFORMATION AND SERVICES
## Cultural Diversity Portal of Gateway
### Pathway to services for CALD – see pathway diagram

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**This step by step pathway toward services is specifically developed for people of culturally and linguistically diverse (CALD) background who would have problems accessing information and services through a mainstream pathway due to lack of capacity with the English language and or other capacity.**

This is not just a language service, nor does it only provide information. It is a comprehensive, integrated service which is able to provide language assistance, advocacy, linkage to service and navigation of the service system to enable services to be obtained and maintained. It is provided by bilingual bicultural workers trained in aged care with administration support and management. (This may vary in other States and Territories.) The service sits alongside the consumer when and where necessary.

To deliver the model and its steps successfully to the aged of CALD background from the Portal into Services, it will be necessary to employ people and services who have the expertise and experience in working with people of CALD background.

**Step 1: Referrals** – Referrals to the Cultural Diversity Portal can be received directly from a variety of sources (as is currently done directly to Ethnic Link Services) including: the person directly (in whatever language they speak), family members or a range of health and community services including the Mainstream Portal of the Gateway or Access2Home Care etc. The CALD person may be referred to the Mainstream Portal in which case the Gateway may directly refer to the Cultural Diversity Portal to undertake Step 2.

**Step 2: Determine capacity to communicate (for CALD)**– Determine the capacity of the person to communicate regarding receiving information and obtaining services. Determine capacity regarding:
a) language, b) culture or c) capacity to navigate for services.
If English language capacity is limited or other capacity is an issue, a referral is made to Ethnic Link Services – via electronic means.
Whatever portal the person of CALD background enters, a basic capacity determination is made. The Mainstream Portal may prefer that the Cultural Diversity Portal determine this, so a referral is made.

**Step 3: Contact the person in their own/primary language -** ELS contacts person in their own language and asks if the person wants/requires a face to face assessment in their primary language in their own home. The person has a choice:
a) If yes, an appointment is made for the face to face assessment
b) If no, ELS proceeds to undertake the same initial (basic) assessment as per mainstream service and enters the person for services.
Note: In the 24 years of providing services to the aged of CALD background, in almost all cases, CALD clients with communication limitations have preferred a face to face assessment.

**Step 4: Comprehensive assessment – face to face in the primary language in own home -** ELS undertakes a comprehensive face to face assessment in the person's own home. This is the same comprehensive assessment as the one for non CALD. However, this assessment for the CALD consumer is undertaken in the consumer's own language, with a bilingual bicultural worker, a person with CALD expertise and aged care experience and includes an assessment for:
a) The need for language services – either ongoing or at various intervals in service provision
b) Cultural or other issues which impair capacity to communicate to get services
c) Extent of need for navigation to enable services to be sought, developed and maintained
In the determination of services, the person is asked:
• What capacities they have, what services they require/prefer, if they require one or more services
They may have a preference for ethno specific services provided by agencies and CALD communities, though not all agencies have all services.
Note: In SA there are 17 to 20 agencies that provide ethno specific services – with bilingual/bicultural staff.
In the process of this assessment, the consumer is provided with information about services.

**Step 5: Registering for services –** ELS enters the electronic service spine (see diagram) to determine the services available for the person – and works on matching the services available to the person's requirements.

a) Registers the person on the portal for the range of services required
b) If the consumer prefers an ethno specific service, the person is registered with an ethno specific service agency.

**Step 6: Service implementation** for consumer - ELS monitors service responses on the electronic spine, communicates and works with service providers to prepare the delivery of services for the CALD consumer. These may be a combination of mainstream and ethno specific depending on the consumer' preference and the services available. All of this is communicated back to the consumer in their own language by the bilingual bicultural worker. ELS provides the language and advocacy etc for the consumer while introducing them to the services. Services are provided.

**Step 7: Language provision, advocacy and navigation -** Where required, ie where communication issues necessitate, ELS can maintain a role with the CALD consumer. This may be ongoing or when there is a change in the consumer's circumstances and the person requires language support and/or advocacy again.

**Step 8: Review of services –** Where the consumer requires the support of ELS regarding language, and/or advocacy, ELS is involved in the review.

## Additional details regarding the Cultural Diversity Portal

**Definitions and terms**
- **Primary language –** is the term which refers to the language which is the primary language of fluency. Generally this is their first language.
- **Own language** refers to what the person considers is their own language which may be the primary language, however may be a learned language, however one in which they are fluent and are able to communicate well.

**Assumptions –** It is assumed that the Cultural Diversity Portal and Ethnic Link Services have direct access to the consumer service register and can monitor the register for service responses, in order to then directly contact services and consumers and link them. Ideally, this would be in an electronic format, either web based or other; where necessary, contact by telephone.

**Essentials –** in order for this to work effectively, an agreed process has to be developed between all parties to enable a seamless, integrated process in service provision.

**Promotion and information about the Gateway**
As part of the promotion of the Gateway, it is essential that the Cultural Diversity Portal of the Gateway is promoted as the entry point for people of CALD background among the broader population in addition to a specific promotion to CALD communities through their networks.

**Electronic spine for communications & services**
This "electronic spine" sits at the centre of the new service process and flows from entry communications and into services. It is the main communication vehicle between the Gateway entry point and services, however should be supplemented by other methods of contact as appropriate, ie consumer contact by telephone or face to face where necessary or in the case of service providers, between each other. It is accessible by the Mainstream Portal and Cultural Diversity Portal. It may have an ATSI portal.

The Electronic Spine is the electronic vehicle which has a number of components:
- The Mainstream Portal and Cultural Diversity Portal registers consumers upon entry
- Communications and referrals are made between Mainstream Portal and Cultural Diversity Portal
- After assessment, consumers are registered on its services area, based on their service preferences. Some people of CALD background may prefer an ethno specific or CALD community service, so this will be the service registered.
- Services respond on the Spine regarding their capacity to provide the services for the consumer

After registration with a service provider, that provider is given x number of hours to respond to say they have capacity to take on the consumer, if not, the service request goes to another services provider. This may eventually be handled more and more via electronic means.

While the Electronic Spine may take time to develop, in the meantime, the Model can be developed and operational using a combination of email, telephone and other communication methods.

(At the HACC conference, a Commonwealth presentation referred to the development of an "electronic spine" which may take time to develop.)

**Step 1: Referrals**
**Background -** Telephone contact is a problem for a number of people of CALD background, particularly those who speak minimal to no English. It is not a preferred method of communication for CALD so it is minimised in this model.

**Detail:** There should be a specific contact telephone number for people of CALD background. From the beginning of contact, it is essential that the call or contact be directly between the consumer and an actual person at the service who has CALD expertise and experience and can engage with the CALD consumer appropriately and immediately. This means that no person should be kept waiting on the telephone, and there is no need for the person to push additional buttons. A CALD person with language issues will not be able to push different buttons and prefers direct contact with a real person or will get disengaged.

**Detail:** It is essential that the Portal staff have aged care experience – and in the case of working with the aged of CALD background, that they have experience and expertise in services to the aged of CALD background.

**Detail:** Most referrals are from family members or service providers who know the person referred requires assistance due to language issues or other capacity issues, sometimes it is the person who requires services. However, once the initial contact has been established, the consumer can contact the service on their own and speak to the bilingual staff.

**Detail:** Referrals can be made from a variety of sources including the person directly, family members or a range of health and community services including the Mainstream Portal of the Gateway (in SA it is currently Access2Home Care in the Regions developed so far). Referrals can include the following:
- Government services including Commonwealth, State and Local councils
- Community organisations, ie ethnic communities, other community services
- Non government agencies
- Health services including nursing, GPs, allied health, hospitals, chemists etc
- Aged care services such as HACC funded services, Community Care, Meals on Wheels, Seniors Information Service, etc
- Aged Care package providers eg CACP and EACH etc providers,
- Aged Care Assessments, eg ACAT
- Disability services
- Respite services
- Residential care
- Other services eg Centrelink

(Note: In South Australia, Ethnic Link Services currently works with over 100 agencies and services in SA that either provide services or intersect with older people including all of the above. ELS is well known across the service system and has an extensive network and knowledge of services and service systems.)

**Step 2: Determine capacity** – Determine the capacity of the person to communicate regarding receiving information and obtaining services will require staff with the expertise to undertake this.

**Step 3: Contact the person in their own/primary language –** In SA, Ethnic Link Services currently undertakes this work. The model developed in other States may use a combination of administration and/ or aged care service staff working with an interpreter. Communication undertaken with a consumer face to face with a bilingual worker or interpreter ensures that information is more likely to be understood.

**Step 4: Assessment**
See also the details for Step 5 Registering for services.

Determining a clients needs and wishes at the assessment stage into the development of a care plan and when changes occur, should be delivered in the language in which the client has fluency and a capacity to communicate. 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.

When ELS undertakes a comprehensive face to face assessment in the person's own home, it is undertaken by a coordinator and the bilingual bicultural worker in the consumer's own language. It is the coordinator/case manager and bilingual bicultural worker who together develop an action into services plan. The coordinator/case manager functions as the person with knowledge of the range of services and oversees the action into service plan while the bilingual bicultural worker delivers the bilingual service according to the plan.

It is important that the agency undertaking the assessment has extensive knowledge about the range of services available – mainstream and ethno specific - including the details (extent and type) regarding ethno specific services. This knowledge is important at the assessment for services stage as it is futile to ask the consumer if they want certain ethno specific services if they don't exist. (For example, regarding meal services, there are very few CALD meals services in SA apart from eg Italian, Greek, Polish, Maltese etc .)

**Step 5: Registering for services**
**Detail:** ELS enters electronic service spine (see diagram) and works on matching the services to the person's requirements.

- The consumer may require several different service types that are available from a combination of mainstream and ethno specific services and it may be necessary to register with several to get the breadth of services required.
- If the consumer prefers an ethno specific service, the person is registered with an ethno specific service agency or CALD community service.
- There are currently some 17 to 20 services in SA providing ethno specific services with most being CALD communities. The larger ones catering for the Italian and Greek aged have a suite of services available, while the communities with smaller number of aged have fewer services, sometimes only a volunteer support service.
- It is really important that the agency that registers CALD consumers for these services have up to date knowledge of their breadth of services. In SA Ethnic Link Services has this knowledge.

**Interagency Collaborative Forums**
It is essential that there be ongoing communications between the agencies that are responsible for the Gateway entry portal services. It is important for all agencies to be involved in the development of this entry service and process form the concept stage of reform into the planning and development of it. Where necessary, this will involve Commonwealth Carelink and other agencies.

There should also be collaborative forums for service providers in their regions to enable them to meet regularly to ensure the reform processes are implemented and running effectively. Examples of the success for this are the four Regional Collaborative Committees in the four HACC regions in Metropolitan Adelaide.

**In Regional areas**
This model is applicable for regional areas. Given that there are fewer services available, the capacity for integration of services and collaboration is high. The reform agenda should enable this. (ELS experience in the Riverland has enabled excellent service integration.)

**Models for various States and Territories**
In the different States and Territories, the Cultural Diversity Portal and model may appear the same at the front end however a variation of the model may be necessary to suit the particular circumstances and capacities of services. There may be a greater use of interpreters in some services. (see below)

## The difference between interpreters and bilingual bicultural workers

**Interpreters** from TIS or other providers 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. Interpreters have an important and indispensable role in many areas of Australia where their services are required.

The cost of interpreters is high in comparison to the employment of bilingual bicultural staff, however it may not be possible for all services to employ bilingual bicultural staff due to the service size and the number of languages required. It is optimum to have an agency with a critical mass of bilingual workers and languages. Ethnic Link Services (ELS) is one example. The service employs 45 bilingual staff who provide language assistance which is unlike an interpreter service. ELS provides a care service that is comprehensive; efficient and cost effective due to the use of bilingual bicultural staff who are paid wages. They are trained in aged care and are an integral part of service delivery to the CALD consumer and the contact point with the consumer. If interpreters were used, the cost would be at least 2.5 to 3 times more expensive. In addition, the service would become less effective as it would no longer be a comprehensive culturally and linguistically appropriate aged care service.

There are other examples where people are employed to provide language services, eg Royal Melbourne Hospital.

## South Australia – context for services to CALD

**There are a number of statistics and factors that exist in South Australia which affect the type of services required.**

South Australia has the largest proportion of people aged 65 and older. Over 21% of people in South Australia (2006 Census) aged 65 years and over are born in a country where English is not the dominant language spoken.

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 reports that:
- The overseas born older population is currently growing twice as fast as the Australian-born.
- The 2006 census that found 22.5% of the aged (65+) born in a non English speaking country were not able to speak English well or at all
- This increased with those aged 75+ to 30.4%.

(Hugo et al Section 14; "Older South Australians from Culturally and Linguistically Diverse (CALD) Backgrounds" p 71)

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.

The large majority of aged of CALD background live in Metropolitan Adelaide with more in certain suburbs. There are clusters of aged of CALD background in the Riverland and Whyalla with fewer in other centres. Ethnic Link Services' (ELS) service data 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.

South Australia is different than other states. SA has many smaller local governments with Metropolitan Adelaide having more than 20 local governments; some have now amalgamated, some remain small. There are many other government and non government agencies that provide services to the aged care in the community with over 100 services in the Adelaide metropolitan area alone.

This has serious implications for services.

South Australia, through OFTA has developed a number of strategies for the aged of CALD background. Though there are 17 to 20 ethno specific services that receive funding for HACC services, there are many more communities of CALD background in SA. ELS currently provides ethno specific services to the aged of 45 different cultural groups through 30 different languages.

**Access Points Demonstration Project - Access2Home Care**
As a part of the Commonwealth/State 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. 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. 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 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.

## Ethnic Link Services - Services for people of CALD background

**For more details of services see Submission One to the Productivity Commission.**

**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 ELS model of service 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 and navigate the service system.

Ethnic Link Services provides a number of programs and services including: individual services to clients, group programs, brokerage service and consultancy service.

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 bilingual bicultural staff 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.

### Individual services
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.
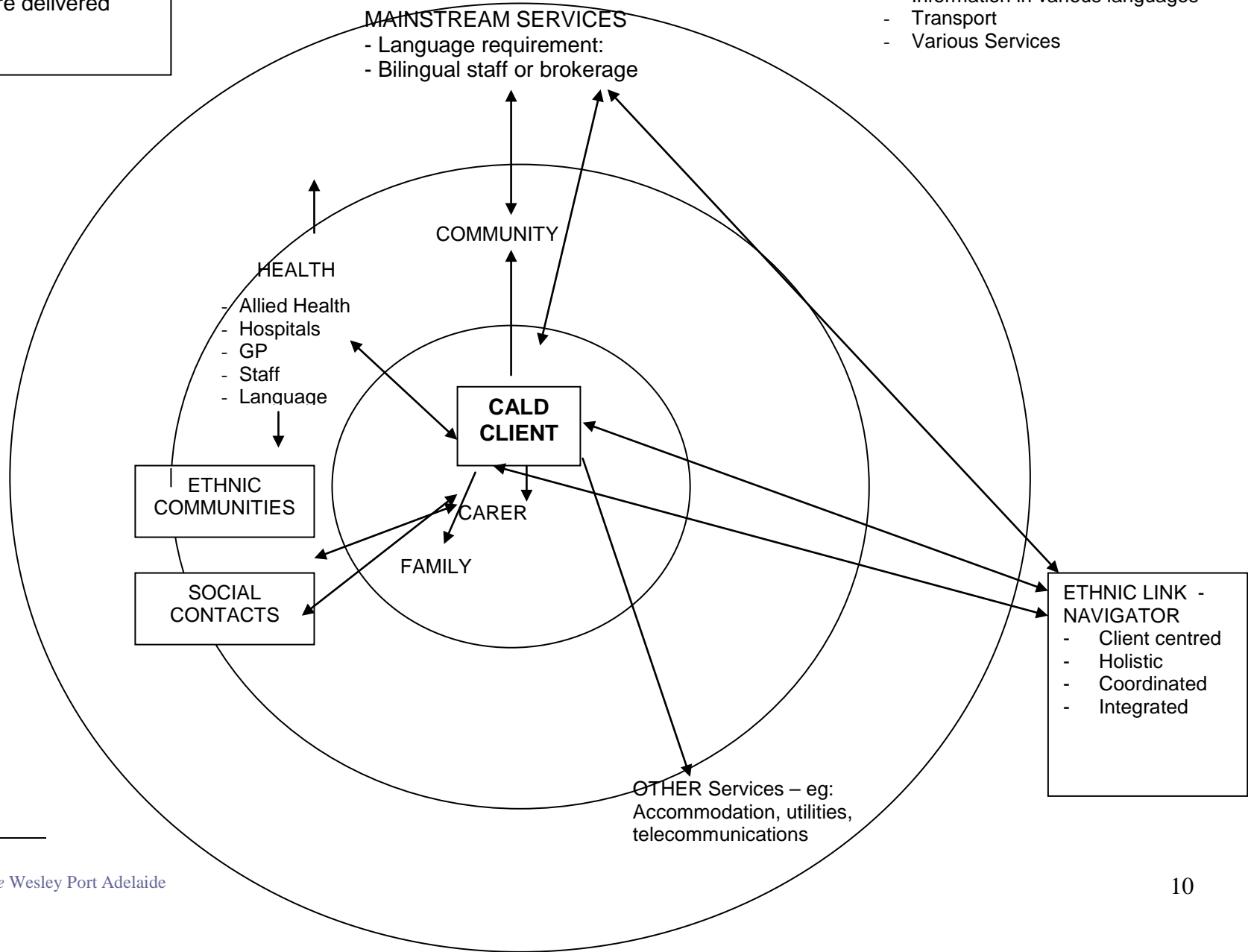
### Service methodology:
- ELS service works in a **holistic way** by focusing on the clients and their needs.
- There is **ease of contact for clients.** There is one point of access for clients for all services; the client contacts the service and is connected to the bilingual worker who speaks the 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.

# Ethnic Link Services -
# Current Model of Care for the Aged of CALD background

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

SERVICE DELIVERY - requires
- Navigating the aged care service system
- Language - essential
- Information in various languages
- Transport
- Various Services

MAINSTREAM SERVICES
- Language requirement:
- Bilingual staff or brokerage

COMMUNITY

HEALTH

- Allied Health
- Hospitals
- GP
- Staff
- Language

**CALD CLIENT**

ETHNIC COMMUNITIES

CARER

FAMILY

SOCIAL CONTACTS

ETHNIC LINK - NAVIGATOR
- Client centred
- Holistic
- Coordinated
- Integrated

OTHER Services – eg: Accommodation, utilities, telecommunications

1

**This is an overview of the current 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 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,
- Link clients to services

Other areas of work:
- Arrange appointments, organise paperwork, assistance with language
- 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 service agency will provide eg personal care, 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 service 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 services
- Provides language assistance in conjunction with client advocacy role

**Quality services**
Quality services to people of CALD background require the following elements:
- 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 actual engagement with a person where they are 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.
- 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 as delivered is client focused as per client's wishes
- Maintain services and contact with clients. Ensure that clients have easy contact to services.
- Modifying services when needs change.

People of CALD background, especially those with minimal or no English require a service that navigates the service pathways in their own language by using either bilingual workers (preferred) or interpreters with service staff.

## List of recommendations – as provided within Submission One

*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.*