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Dear Professor Baggoley

FECCA submission on the draft National Patient Charter of Rights

FECCA would like to thank the Australian Commission on Safety and Quality in Health Care for the opportunity to provide a submission on a Draft National Patient Charter of Rights.

FECCA is the national peak body representing Australians from diverse cultural and linguistic backgrounds. Our role is to advocate, lobby and promote issues on behalf of our constituency to government, business and the broader community. Our charter includes promoting full access and equity, advocating community harmony and the celebration of diversity, championing human rights and arguing that cultural diversity is central to the social, economic and cultural health of Australia.

FECCA has drawn on recent consultations with CALD community members and service providers across Australia in addition to receiving input from its members for the submission.

Please find our comments attached. We would welcome the opportunity to discuss or clarify any of the issues raised in this submission. Please do not hesitate to contact me on 0414 532 529 or the FECCA Director, Leonie-Ruth Acland, on (02) 6282 5755 should you wish to do so.

Yours Sincerely

Voula Messimeri,
FECCA Chair

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Draft Submission to the Australian Commission on Safety and Quality in Health Care on the Draft National Patient Charter of Rights

Summary

FECCA supports a National Patient Charter of Rights (NPCR) and the National Patient Charter of Principles as positive developments and believes that if properly addressed, a comprehensive Charter will have the potential to improve access and equitable health outcomes for the CALD communities. Trust and goodwill will be improved leading to increased participation, safety and better communication between the providers and the consumers. However, we are concerned that State and private hospitals Charters in existence have not succeeded in addressing the health needs of CALD communities. The NPCR document must therefore be more than a token symbol and be backed up by mandatory reporting against the Charter that will embed best practice into all policies, procedures and planning.

FECCA believes that the Charter should extend beyond 'patient' rights to include all consumers of health care that would more accurately reflect the premise on which the Charter is based; that of the right to health for all, outlined in the United Nations report (Right to Health, 2006). This submission therefore refers to health consumers in regards to the Charter.

This submission highlights the issues faced by CALD communities especially refugees, humanitarian entrants and new and emerging communities, in accessing and having equitable outcomes in healthcare. Lack of information about services and CALD Australian with special needs, such as trauma and torture victims should be acknowledged and included within the aims the Charter seeks to address. We hope that the Commission will take these issues into account when considering a Charter that supports the safety and quality of health care for all Australians.

FECCA believes that for the NPCR and Principles to adequately address the needs of CALD Australians, strategies must be embedded to ensure both government and non-government organisations are actively involved in disseminating information on health consumer's rights that will improve service access for CALD Australians. In this way CALD communities would be empowered to make informed decisions and understand their rights within our complex healthcare system. Such strategies should be viewed in the Charter

and Principles as crucial elements of best practice in healthcare and service delivery.

CALD Australians face major challenges in terms of accessing health services and face barriers to active participation as consumers. To ensure best outcomes for all Australians the needs of healthcare consumers including those from CALD communities must be taken into account. The submission details the following broad issues for CALD communities in accessing equitable healthcare sit within the framework of the Charter and its eight key rights.

Access and Equity

Equity of access to public health care is the first of the key right of the Charter and remains a major issue for CALD Australians. While Australia's CALD communities make up over a quarter of our population, accessing timely and appropriate health and aged care services is particularly problematic for those people with low level English language skills, older CALD Australians, humanitarian entrants and refugees, and those in new and emerging communities that have not yet established support networks.

Cultural Competence

A major concern that cuts across all key rights of the Charter is the need for cultural sensitivity and competency to ensure the rights of CALD Australians are met when accessing healthcare. FECCA believes that cultural competency encompasses more than awareness of cultural differences, and that a holistic approach is needed by integrating competency into all areas of service provision.

Racial Discrimination and Prejudice

Today, discrimination and racism are on the increase in Australia. People who have distinct physical characteristics (for example, women wearing hijab, people from countries of Africa) are experiencing increasing incidents of prejudice and racial discrimination which conflicts with all the key rights articulated in the proposed Charters, and in particular, the safety needs of consumers and access to equitable healthcare.

Aged Care

The available literature reviews on CALD aged care, indicate that "...the proportion of older Australians from CALD background is increasing at a faster rate than the increase in the number of older Australian born people" (Government of West Australia (2006): *Culturally and Linguistically Diverse Seniors*). It is important that a comprehensive and effective NPCR take into account care of aged CALD consumers and provide care in a manner that is respectful of their beliefs, culture and values.

Service Delivery

The interface between local, regional and national services and between government and non-government agencies is critical in ensuring that a Charter will work at the coalface to provide best practice in healthcare services. In addition, FECCA believes a complementary and mutually supportive relationship is necessary between mainstream and CALD-specific services for the Charter to benefit CALD Australians.

Translation and Interpreter Services

Access and supply of interpreters remain central issues to the rights of health consumers, in particular CALD seniors. Currently there is no national system for funding translator and interpreter services, which are dependent on state funding. The cultural and linguistic diversity of recent arrivals to Australia has created a need for pathways to be developed for the National Accreditation Authority for Translators and Interpreters (NAATI) accreditation in interpreting and translating at all levels for new and emerging communities. The success of any health service is dependent on adequate two way communication between service providers and clients. Lack of availability or use of accredited services impacts on all key rights set out in the Charter, and in particular that of consumers' rights to open and appropriate communication in a language that can be understood.

Responsiveness to the Needs of Health Service Users

Many CALD Australians, especially people from new and emerging communities, perceive their complaints are not taken seriously, particularly when reporting experiences of racial or religious vilification or physical assault or harassment based on a persons skin color or cultural background. This clearly points to difficulties with the right to redress as laid out in the Charter.

Introduction

When the Commonwealth Charter for Public Service in a Culturally Diverse Society was introduced in 1998, the aim was to improve access and equity issues faced by the marginalised communities in the face of a changing Australian society. Following consultations for the FECCA Access and Equity Report of 2006, the indications were that:

...there are still barriers to access and equitable outcomes for people from CALD backgrounds, with particularly poor outcomes for people who do not have good functional English language skills, including older CALD people and newly arrived migrants and humanitarian entrants; people who are “physically different” in appearance (for example, people who wear distinctive clothing such as a hijab); CALD people with disabilities; people from new and emerging communities; and people with complex needs. (FECCA Access and Equity Report, 2006).

The report indicated that having a Charter in place, even though aimed at improving the interaction in a shared social space, may not necessarily reduce the disempowering distance many CALD communities find themselves in from the mainstream. The main reason cited in the report was that “...the principles in the Charter are not integrated into service delivery mechanisms by all government agencies and departments...” (ibid).

A NPCR is without doubt the right move towards providing quality and safe healthcare to all Australians. The risk involved however is that, as with the Charter referred to and the various health rights charters in existence, lack of legislation equates to lack of enforcement. FECCA is concerned that the introduction of more regulations will not necessarily benefit CALD Australians unless it is accompanied by mandatory reporting and evaluation within the health services.

FECCA therefore sees that the Commission should endeavor to find ways in which the NPCR will have an impact on all consumers of health services, especially those from the CALD communities. We see the importance of further investigations being undertaken to see how this Charter can be strengthened to guide service delivery and accountability measures to all health service providers including private hospitals, general practice and the aged care sector. It is also of crucial importance that CALD members are included in the drafting process of the Charter.

Discussion

FECCA acknowledges the objective by the Australian Commission on Safety and Quality in Healthcare, of working towards creating safe health institutions where quality care is given to all Australians seeking healthcare. This is an area that FECCA has advocated for in the past and continues to do so through its policies and submissions.

FECCA believes that health is a critical issue facing Australia's future. Equitable access to quality services and building awareness of health issues is not only vitally important for improving the health of all Australians, but is a fundamental human right.

Access and Equity

Equitable access to public health care is the first of the key rights outlined in the draft Charter and remains a major issue for CALD Australians. While Australia's CALD communities make up over a quarter of our population, accessing timely and appropriate health and aged care services is particularly problematic for those people with low level English language skills, older CALD Australians, humanitarian entrants and refugees, and those in new and emerging communities that have not yet established support networks.

Barriers to access include limited understanding of CALD community needs by staff that oversee programs; migrants' lack of knowledge about existing health and social services; and the lack of capacity by service providers to deal with the special needs that some members of these groups have (FECCA Access and Equity Report, 2006).

To ensure better health outcomes, FECCA advocates:

- That service development and delivery is combined with community capacity building;
- Building relationships with diverse communities by engaging with health consumers and ethno-specific organisations;
- Health programs to be developed in partnership with CALD communities to ensure they are culturally appropriate and relevant to specific community needs.

In this way the key rights outlined in the Charter will move from a stage of conceptualisation to operationalisation.

Cultural Competency

A major concern that cuts across all key rights of the Charter is the need for cultural sensitivity and competency to ensure the rights of CALD Australians are met when accessing healthcare. A lack of cultural competence across all service delivery hampers the rights of CALD Australians to equitable access of

these services which often do not take account of dress codes, dietary needs, prayer times, restrictions around gender mixing and other cultural or religious practices.

While cultural awareness initiatives have been successfully implemented in some areas, such as the National Health and Medical Research Council (NHMRC) *Cultural Competency in Health Guide*, there is a general misconception that cultural sensitivity is a special interest area that can be sidelined with the result that staff are routinely inadequately prepared for the realities of the situations which patients and clients present. This has a major impact in many areas including sensitive areas such as women's health.

FECCA believes that a holistic approach is needed to integrate competency into all areas of service provision and agrees with the Guide that stresses cultural competency should 'focus on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of services' (NHMRC, 2005).

To ensure the rights of CALD Australians are met in accessing adequate health, medical and social services, FECCA recommends a cultural competence framework to inform all entry information and assessment points within the service system in order to minimise barriers for people from CALD backgrounds. Initiatives that build the cultural awareness and cultural competence should include tapping into the skills that CALD individuals can contribute in the health care sector, language services and cultural awareness and diversity training.

Some of the benefits of cultural competence in health care were identified in the Diversity Health Institute policy position paper and include:

- Improved access and equity for all groups in the population;
- Improved consumer 'health literacy' and reduced delays in seeking health care and treatment;
- Improved communication and understanding of meanings between health consumers and providers, resulting in:
 - Better compliance with recommended treatment
 - Clearer expectations
 - Reduced medication errors and adverse effects
 - Improved attendance at 'follow-up' appointments
 - Reduced preventable hospitalisation rates
 - Improved consumer satisfaction
- Improved patient safety and quality assurance
- Improved 'public image' of a health service.

FECCA continues to advocate for competent, effective and high standard health care for all in a diverse society. To realise this, cultural competence has to be

viewed as a critical component to addressing all the eight rights and principles articulated in the Charter.

Racial Discrimination and Prejudice

Today, discrimination and racism are on the increase in Australia. People who have distinct physical characteristics (for example, women wearing hijab, people from countries of Africa) are experiencing increasing incidents of prejudice and racial discrimination. The need for high level literacy and English proficiency also creates a barrier for many people for CALD communities and limited availability of free legal assistance for discrimination matters compounds the issue. Members of new and emerging communities continue to express experiences of direct and indirect discrimination when trying to access both public and private health services and this continues to be in conflict with all the key rights articulated in the Charter and Principles, in particular, the safety needs of consumers and access to equitable healthcare.

FECCA believes that:

- All people living in Australia should have equal right to access services and information about government and non-government services and should not be excluded on the grounds of language, culture, gender, religion, disability, geographic proximity and age.
- Service providers must be aware of the special needs of people from emerging communities including refugee and humanitarian entrants, and ensure that they provide appropriate and accessible services of a high quality.

The Charter and Principles should advocate for zero tolerance towards racial, cultural, religious or other forms of discrimination.

Aged Care

The available literature reviews on CALD aged care, indicate that "...the proportion of older Australians from CALD background is increasing at a faster rate than the increase in the number of older Australian born people" (*Culturally and Linguistically Diverse Seniors: the Seniors Report, 2006*). In 2004 the Australian Institute of Health and Welfare projected that the number of older Australians from CALD background would increase by 66% over the fifteen years between 1996 and 2011, while that of 'the older Australian born population' is expected to increase by only 23% in the same period" (*The Seniors Report, 2006*).

With such projections in mind, it is clear that a NPCR should be extended to include aged care. The aged care service industry needs to take into account the changing needs and demands of the growing population of CALD seniors by providing culturally appropriate care and cultural competence training. Currently there appears to be a disproportionately low access to HACC programs by older CALD Australians (FECCA Ageing Policy, 2007).

Research has indicated that safe use of medicines with CALD seniors is also a key issue. A consultation undertaken by CIRCA for FECCA in 2007 revealed that seniors from Chinese, Vietnamese, Greek and Italian backgrounds experience significant difficulties using medicines safely and effectively. Contributing factors are poor level of English language proficiency, social isolation, and cultural beliefs that impact on using medication safely (CIRCA, 2007).

To ensure that key rights of CALD seniors are maintained FECCA recommends that:

- Comprehensive service obligations are established through the NPCR for public and publicly-funded agencies;
- Equity targets, cultural competency training, and CALD action plans are embedded in service specifications;
- Contractual arrangements are a prerequisite for service delivery to CALD communities; and
- A non-discriminatory approach to aged care be adopted which addresses the access needs of people with cultural, linguistic, physical or other specific requirements.

Such policy measures and practices need to ensure culturally proactive initiatives are not merely 'add-ons', but are 'mainstreamed' into a whole-of-organisation approach through the Charter.

Service Delivery

The interface between local, regional and national services and between government and non-government agencies is critical in ensuring that a Charter will work at the coalface to provide best practice in healthcare services. FECCA believes it is currently unrealistic to expect that the health needs of refugees, humanitarian entrants and family reunion individuals can be effectively met by mainstream services. A complementary and mutually supportive relationship is necessary between mainstream and CALD-specific services for the Charter to benefit CALD Australians.

FECCA recommends that

- Mainstream agencies allocate sufficient time and resources to invest in relationship building and genuine consultation with ethno-specific and multicultural organisations; and
- Mainstream services tap into the skills of the new and emerging communities and other migrants.

This can be highlighted in the Charter's principles and enforced by making it a service obligation.

Translation and Interpreter Services

Access and supply of interpreters remain central issues to the rights of health consumers. The success of any health service is dependent on adequate two way communication between service providers and clients. Lack of availability or use of accredited services impacts on all key rights set out in the Charter, and in particular that of consumers' rights to open and appropriate communication in a language that can be understood.

Groups that are particularly vulnerable are women and seniors. CALD Women face barriers to medical services due to a lack of use of interpreters, the need for health information and prevention programs in languages other than English, and the lack of culturally and language appropriate doctors, nurses, meals on wheels providers and personal carers.

Translation and interpreter services for CALD seniors is equally important. The Victorian Association of Health and Extended Care Issues Paper, 'The provision of aged and community care services to people from culturally and linguistically diverse backgrounds', notes that ' As people age, and especially when they become frail and dependent, cultural issues may become even more important. Often peoples' first language reasserts itself and old memories and practices become dominant again.' A major issue of concern, then, is the provision of culturally appropriate services for CALD Seniors who do not speak English fluently. This is particularly important as the reassertion of first language implies the deterioration of English language skills.

Currently there is no national system for funding translator and interpreter services, which are dependent on state funding. The cultural and linguistic diversity of recent arrivals to Australia has created a need for pathways to be developed for the National Accreditation Authority for Translators and Interpreters (NAATI) accreditation in interpreting and translating at all levels for new and emerging communities. Lack of availability or use of accredited services impacts on all key rights set out in the Charter, for example it is impossible for someone with limited English language skills to communicate in a clear and open manner about treatment, or to make informed decisions about care. In addition safety remains an issue in regards to understanding instructions on treatment and medications. The health literature reveals that CALD Australians are over-represented in the annual figures for health consumers who experience difficulties in managing their medicines, resulting in a disproportionate number of adverse drug events (Kordes, 2007).

FECCA supports the Charter in its objective to encourage greater use of translating and interpreting services, in particular within the health sector amongst doctors and carers. FECCA believes that greater use of translators in the health sector will increase access, safety and bring about equitable outcomes for CALD people particularly those within the vulnerable groups.

FECCA recommends that:

- Policy is developed to increase the use of interpreters and culturally appropriate healthcare through a multicultural liaison team with interpreting services within hospitals
- Health providers participate in health promotion and preventative health activities for newly arrived migrants with low levels of literacy in English and/or their first language. These programs should utilise best practice approaches to working in partnership with new and emerging communities which is integral to improving health outcomes.
- The Commission work closely with well established organisations such as FECCA, Ethno-specific agencies, Migrant Resource Centers, the Adult Migrant Education Services (AMES) and the Integrated Human Settlement Services (IHSS) to disseminate the Charter of Rights and principles information to these vulnerable groups.

Responsiveness to the Needs of Health Service Users

Many CALD Australians, especially people from new and emerging communities, perceive their complaints are not taken seriously, particularly when reporting experiences of racial or religious vilification or physical assault or harassment based on a persons skin color or cultural background. Due to past experiences of repression and the repercussions directed at some members in these groups, there are reservations to coming forward and reporting cases of neglect or abuse. This clearly points to difficulties with the right to redress as laid out in the Charter.

A lack of understanding of how the Australian legal system works, a lack of appropriate and up-to-date multilingual resources, and lack of interpreters all adversely impact on CALD Australians with respect to their right to redress.

The Charter and Principles be extended to identify ways through which trust can be created between service providers and the CALD communities to break the barriers that many CALD people have in acting on their right to redress.

Language is another major barrier to consumers' ability to comment on care received and to have concerns addressed, in particular those from non-English speaking backgrounds or from cultures with an oral history.

Conclusion

Full access and equity to government and non-government health services has yet to be achieved and will demand greater commitment to developing services and programs that effectively meet the needs of all Australians, especially those from the CALD communities.

FECCA believes that good health is fundamental to a vibrant Australian society. Having a NPCR and Principles is an important step towards addressing safety and quality issues in health.

Central to the NPCR should therefore be the aim of building the cultural competence of the health workforce. This is an important step towards removing health inequalities, enhancing the mentioned principles such as safety, participation and access which goes a long way to improving health outcomes for all Australians whatever their background.

For that reason, FECCA places emphasis on the need for the NPCR to play a big role in ensuring workforce development and accreditation of programs and that service providers allow health professionals working in a variety of health settings, but especially in hospitals and community health settings, to develop their knowledge of new and emerging communities and the CALD communities as a whole.

The NPCR should also advocate for strategies for health providers to implement in ensuring the Charter is effective in protecting the rights of people from CALD communities. Health promotion and preventative health programs that utilise best practice approaches to work in partnership with new and emerging communities should be a key priority.

The Charter should also advocate against discrimination of any form to ensure access and equity to health services for all Australians.

Further to this, quality monitoring and improvement systems to deliver these programs and services should also be embedded in the Charter to ensure improved health outcomes for the CALD communities.

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