

Draft NSW Multicultural Health Policy and Strategic Plan 2011-2015 consultation template.

The NSW Department of Health is seeking comment and feedback on the draft *Multicultural Health Policy and Implementation Plan 2011-2015*.

Please make feedback as specific as possible. If you have any questions or wish to discuss anything further, please contact Ms April Deering, A/Manager, Primary Health and Equity on (02) 9424 5764 or adeer@doh.health.nsw.gov.au.

You can send your feedback in a number of ways:

1. Email to: adeer@doh.health.nsw.gov.au
2. Fax to: (02) 9424 5888
3. Post to: Primary Health & Equity Unit, Level 9

Primary Health and Community Partnerships Branch
NSW Department of Health
LMB 961
NORTH SYDNEY NSW 2059

Comments should be received by Friday 3 September 2010.

Thank you for your feedback.

Contact details:

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Organisation:	Carers NSW
Your contact details (optional, if we need to clarify anything in your comments):	
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General comments:

What do you most like or find most valuable? Why?	Carers NSW was pleased to see that <i>Health for a Culturally Diverse Community</i> contains a clear plan for implementation, with performance indicators and responsibilities for implementation clearly delineated. We look forward to seeing the timely implementation of these strategies.
Are there any important issues that have been missed?	Carers NSW was disappointed to see that the role and needs of carers from culturally and linguistically diverse communities have not been recognised in the Policy, despite the NSW Government's commitment to recognise, value and support carers in the <i>NSW</i>

	<p><i>Carers Action Plan 2007 – 2012</i>. It was also disappointing to note that the Policy contained no reference to or acknowledgement of the NSW Health Guideline <i>Culturally & Linguistically Diverse (CALD) Carer Framework: Strategies to Meet the Needs of Carers</i> or the strategies that it contains.</p> <p>Carers from culturally and linguistically diverse (CALD) backgrounds make up 25 per cent of all carers, however many carers from CALD backgrounds may not readily identify as ‘carers’ and they may comprise a significant proportion of the hidden carer population.¹</p> <p>Many issues are common for carers regardless of their cultural background or ethnicity. However carers from culturally and linguistically diverse backgrounds often experience additional issues and have distinct support needs. These include:</p> <ul style="list-style-type: none"> • language and communication difficulties • lack of understanding of the health, community care, aged care and disability support systems • cultural incompetence of those systems in responding to carers from CALD backgrounds • high levels of stigma about disability and mental illness • fears about lack of confidentiality, particularly in smaller communities.²
<p>How can it be strengthened?</p>	<p>The inclusion of carers in this Policy would strengthen it considerably, and ensure that it is consistent with the NSW Government’s commitment to recognising, valuing and supporting carers.</p> <p>Carers should be included as a target population, as they are a population with significant health needs. Caring has significant impacts on all aspects of carers’ lives, including their physical, mental, emotional and social health and wellbeing. The 2007 Australian Unity Wellbeing Index Survey found carers to have the lowest collective wellbeing of any known population group. Carers have an average stress rating that is classified as moderate depression, are more likely to experience chronic pain than is normal and their wellbeing is more vulnerable to pain. Carers are highly likely to be carrying an injury and their wellbeing decreases as the number of hours spent caring increases.³</p> <p>Carers should be included throughout the Policy to ensure that their interaction with the health system as a carer is supported, and that they are included as partners in care. As NSW Health has acknowledged in the <i>NSW Carers Action Plan 2007 – 2012</i>:</p> <p>“Carers play a crucial role as care partners. They are often experts in the care of the person requiring care and can assist with care planning and delivery, with the agreement of the care recipient... Working with carers not only improves the quality of life of the carer but also have beneficial health outcomes for the person being cared for.”⁴</p>

Do you have any comments on the following sections?

<p>Forward and Introduction.</p>	<p>No comment</p>
<p>Policy Framework</p>	<p>No comment</p>
<p>1. Vision</p>	<p>No comment</p>
<p>2. Principles</p>	<p>No comment</p>
<p>3. Target populations</p>	<p>General comments</p> <p>As suggested above, carers should be included as a target population in the Policy.</p> <p>The inclusion of both target populations and priority sub-populations and their descriptions are confusing, particularly as the groups in each are very similar but described in slightly different terms. For example infants, children and families are a target population, while mothers, children and babies are a priority sub-population. Refugees and other recent migrants are a target population whilst refugees/humanitarian entrants are a priority sub-population. Older people are both a target population and a priority sub-population. People living in regional and rural areas are a target population, ‘those in rural and regional communities’ are a priority sub-population.</p> <p>More consistent language would create more clarity. As the lists stand it is unclear as to whether the priority sub-population is distinct to the related target population, or if the distinction is unintentional. The relationship between target populations and priority sub-populations could also be made clearer.</p> <p>Infants, children and families</p> <p>No comment</p> <p>Older people</p> <p>Carers should be included in this section, particularly in the discussion of issues impacting upon the health of older people from CALD backgrounds.</p> <p>The Policy should acknowledge that the issues listed here, such as the provision of culturally appropriate aged care services and residential aged care services also has a very significant impact upon the carers, especially in cases where the lack of appropriate services results in the older person not accessing these services.</p> <p>Older people themselves may also be carers. The two most common caring situations for older people are caring for a spouse or partner with dementia, chronic conditions, terminal illness or disabilities resulting from ageing and caring for an adult son or daughter with a disability.⁵ The impact of caring on older people, and their own need for services and support should also be acknowledged.</p>

	<p>Refugees, and other recent migrants</p> <p>No comment</p>
4. Priorities for action	<p>The priority sub-population of people with chronic and complex health conditions should be amended to 'people with chronic and complex health conditions and their carers' in recognition of the role of carers as partners in care, as discussed above.</p>
Implementation Plan	<p>General comments</p> <p>No comment</p>
	<p>Comments on specific strategies included in the implementation table.</p> <p>No comment</p>
	<p>Are there any other strategies which should be included? (If so, please the strategy as specifically as possible, outline who will be responsible for it, and which of the Multicultural Planning Framework criteria it satisfies.)</p> <p>No comment</p>
Monitoring and evaluation	<p>No comment</p>
Legislative, policy and planning context	<p>The <i>NSW Carers Action Plan 2007 – 2012</i> and the NSW Health Guideline <i>Culturally & Linguistically Diverse (CALD) Carer Framework: Strategies to Meet the Needs of Carers</i> should be included as policy documents that relate to CALD populations. <i>Health for a Culturally Diverse Community</i> should align with these documents.</p> <p>The <i>Carers (Recognition) Act 2010</i> should also be included here as part of the legislative context. The Act includes the NSW Carers Charter and the obligations of public sector agencies regarding the Carers Charter, consultation with bodies representing carers, and internal human resource policies.</p>
Factors impacting on multicultural health	<p>No comment</p>

Any additional comments?

Carers NSW appreciates the opportunity to provide feedback on *Health for a Culturally Diverse Community*. If you have any questions or require further information, please contact Alison Parkinson, Policy Officer on **02 9280 4744** or email alisonp@carersnsw.asn.au.

¹ NSW Health 2009 *Culturally & Linguistically Diverse (CALD) Carer Framework: Strategies to Meet the Needs of Carers*, Sydney.

² Ibid

³ Cummings et al 2007 *Australian Unity Wellbeing Index Survey 17.1 The Wellbeing of Australians – Carer Health and Wellbeing* Deakin University, Melbourne.

⁴ NSW Health 2007 *Carers Action Plan 2007 – 2012*, Sydney, p 16.

⁵ Carers Australia 2010 *Submission to the Senate Inquiry into Planning Options for People Ageing with a Disability* Canberra.