ethnic
communities'
council of
victoria

Global developments in Community Aged Care Service Access with particular reference to Ethnic or migrant communities

A resource and literature review.

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This paper was prepared to inform the Supported Access Pilot Project in response to requests by ECCV and the Department of Human Services.

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Introduction

This paper provides a snapshot of available reports of the past 10 years about a variety of programs from around the globe which service local communities (including ethnic and migrant) in a way that is of relevance to the development of the Supported Access Pilot Project (SAPP) model.

The SAPP is a pilot project and by virtue of that fact it is without precedent. The literature search took this into account and identified points of reference, both of similarity and difference which could be applied to the development of the project. These included consideration of the potential application of the scope, design, purpose and results of the different programs.

The literature also highlighted the issue of access from a variety of different perspectives. Access to services can be seen to be affected at levels of

- federal, state and local government policy
- economic bias
- potential service recipient's personal resourcefulness which, amongst other factors includes community language proficiency, physical ability and acceptance of available services

Each program studied focussed on one or more levels.

Literature Search Strategy

The literature and resources search strategy involved

- an online search of relevant World Health Organisation (WHO) and United Nations (UN) websites
- an online search of overseas health authorities websites
- an online search of Australian federal and state departments of health and community services resources
- phone contact with a service provider involved with service provision of HACC services
- a search of the Centre for Ethnicity and Health library stacks
- a search of the Centre for Cultural Diversity in Ageing (PICAC) website

Framework of the literature review discussion

In the interests of clarity of presentation and logical structure this review is presented in a multi-tiered format. Firstly reference is made to the global sanctions[1] articulated by the UN and WHO which underpin the HACC/SAPP policies. Secondly there is a country by country report of policies or programs

[1] 'Sanctions' in this paper refers to the universal acceptance of the direction that aged care should take in a global context, endorsed by the UN and WHO.
http://www.who.int/ageing/primary_health_care/en/index.html

which, again with adherence to global sanctions, may have some application to SAPP. Finally Australian based programs are outlined and discussed in terms of their parallel with and potential application to the Victorian SAPP.

United Nations

Priorities on ageing

Fundamental principles guiding world wide action were expounded at the Second World Assembly on Ageing held in Madrid in April 2002. These included commitment to action on both national and international levels, taking into account the three priorities of

- older persons being able to influence the development of their environment
- advancing health and well-being into old age
- ensuring enabling and supportive environments[2]

World Health Organisation

Focus on ageing

The World Health Organization focuses on threats to global health impacting on ageing[3]. Its emphasis is on achieving healthy old age where as the UN's overall emphasis may be interpreted as a celebration of old age.

Together these perspectives provide a holistic and balanced underpinning of the HACC system and by extension also guide recruitment of the HACC eligible ethnic community to access the system's services.

The WHO addresses the notion of accessibility in recognizing the critical role of Primary Health Centres (PHC s) in maintaining the health of older people worldwide and stresses the need for their adapting and becoming accessible to all older populations.

> 'PHC is the principle vehicle for the delivery of health care services at the most local level of a country's health system'.[4]

In Australia the 'most local level… health system' may be seen to be where basic health needs are first assessed. These may be the Local Government Agencies or other agencies with facility to provide health needs assessment and referral to other appropriate agencies for service provision.

The WHO, in collaboration with partners and Ministries of Health from developed and developing countries, has issued a toolkit aimed at sensitizing and educating PHC providers about the needs of older people. Its aim is to ensure that the PHC is globally relevant and effective in delivering health care to all older people. Staff training in cultural appropriateness and sensitivity is highlighted as are other practical considerations such as education of health care recipients and the review of all medications including complementary therapies and practices. The kit has been endorsed by a number of leading

[2] Report of the Second World Assembly on Ageing Madrid, 8-12 April 2002 United Nations New York, 2002
[3] http://www.who.int/ageing/primary_health_care/en/index.html
[4] ibid

international peak bodies representing the health interests of older people including the World Organization of National Colleges and Academic Associations of General Practitioners/Family Physicians (WONCA), the International Association of Gerontology and Geriatrics (IAGG) and the International Federation on Ageing (IFA).

In developing its supported access model the SAPP is therefore bound by community sanction[5], such as the emphases of UN and WHO noted above, to adhere to the general principles, expounded in the toolkit.

> 'PHC centres should provide age, gender and culturally appropriate education and information on health promotion, disease management and medications for older persons as well as their informal carers in order to promote empowerment for health.'[6]

Prior to the Madrid Assembly, WHO conference in Alma –Ata, Central Asia, in 2002[7] made a point that is of broad relevance to SAPP. The report from this conference called for a well considered and responsible approach to the then emerging public /private mix of funding to meet the demand for quality health care. This applies to all rapidly developing services as they compete for funding. In many instances entrepreneurship, with the global push for communities to draw creatively on their own resources, has become a much vaunted quality in developed democratic countries attempting to meet health care demands. All the European countries mentioned below are responding to the inadequacy of publicly available funding in this quest.

International Models of Care provision and Funding

Of the thirty six[8]world wide web sites listed, links to the Chilean, Costa Rican and Brazilian websites were not available in English, the site for Croatia was being updated and Azerbaijan, Brunei, Cyprus, Fiji, Indonesia, Ireland, Papua New Guinea, Philippines, Singapore, South Africa, Thailand, Tonga, United Arab Emirates, Vanuatu, Iceland, Japan and Malaysia make no reference to comparable or applicable programs. Mexico's, Morocco's and New Caledonia's websites are either inaccessible or not available in English. Those having relevance to the SAPP are discussed below.

Austria

Education of family or informal carers

The Report on the life situations of older people in Austria 2000[9] is based on research of the circumstances and needs of informal carers, such as family members. Carers are provided with information brochures, the support of specialist conferences and training seminars and the support of model projects such as Fit and Active in Old Age[10].

5 Please refer to footnote1.defining the meaning of the term 'sanctions' for the purpose of this discussion.
6 ibid
7 Primary Health Care concepts and challenges in a changing world
Alma -Ata revisited WHO Division of Analysis, Research and Assessment E.Tarimo E.G. Webster Current Concerns ARA Paper number 7 WHO/ARA/CC/97.1 Original:English
Distr:Limited
8 http://www.health.wa.gov.au/services/detail.cfm?Unit_ID=2249
9 http://www.bmsk.gv.at/cms/siteEN/liste.html?channel=CH0108
10 ibid

There is emphasis on family involvement, but with the support of education via information brochures, specialist conferences and training seminars. The report provides instruction to SAPP particularly in cases where there are very strong and culturally entrenched bonds between parent and same gender children in families dealing with opposite gender carer taboos as in some of the Arabic speaking communities.

Denmark

Public or private care

The choice to opt for a private provider of elderly care was introduced in 2003. [11] It meant that 'all elderly people - who have been granted practical help and/or personal care by local authorities - are entitled to choose between public and approved private providers of home help'[12]

Flexible care was also introduced in 2003 acknowledging elderly people's right to decide how the entitled hours of home help should be used. For example they could now exchange one hour of practical help for one hour of personal care.

The notion of choice of a public or private provider of practical help or personal care and flexiblity to exchange one hour of personal care for practical help would pose some difficulty for the ethnic person and their family grappling with language issues (often illiteracy) and suspicion about the value of the particular care available. However if language is not an issue and /or the person has the assistance of a professional social worker able to negotiate the services then clearly this problem would be offset.

Germany

Long Term Care Insurance

Germany provides Long-term Care Insurance[13] covering for the risk of dependency under the social security system. It is comparable to that afforded by health, accident and unemployment insurance and the insurance options for securing income in old age.

Long-term care insurance in Germany is supposed to help alleviate the physical, psychological and financial burdens that result from frailty and dependency. This type of insurance predominantly provides assistance benefits for domiciliary care and in principle, in the funding context, may be applicable to SAPP, enabling beneficiaries, including the CALD population, to remain in their home with their informal support networks for as long as possible.

Hong Kong

Focus on families as carers

In Hong Kong[14] the Elderly Health Service aims to enhance primary health care for the elderly, improve their self-care ability and encourage healthy living. There is emphasis on strengthening family and carer support to minimise illness and disability. The value of such a policy, strongly encouraging provision of

11 http://www.sum.dk/sum/site.aspx?p=362&t=visartikel&Articleid=4167Denmark
12 "Welfare and Choice in the Danish Public Sector- 2005- Implementation of choice in the elderly" Policy document 19/11/05
13 http://www.bmgs.bund.de/
14 http://www.dh.gov.hk/english/main/main_ehs/main_ehs.html

care by family may be viewed negatively in Australia. Without financial compensation policy directive to provide direct care to the elderly person, could be seen as disadvantaging the Australian CALD younger family members. Further consideration needs to be given to CALD families' conflicting needs to both establish economic independence in their community (stressed as culturally desirable in developed countries such as in the Netherlands)[15] and to look after their elderly and /or disabled.

Norway

Emigration versus immigration

Norway appears to have found a particularly novel way to look after its elderly. Unlike other countries it is paying particular attention to its elderly emigrants rather than immigrants!

On June 26 2007 The Guardian reported that 'Norway is exporting its elderly and infirm to the Costa Blanca in the hope that the Mediterranean climate will help them live longer…and that lower costs will save the state money…In a new twist on care for the elderly, thousands of Norwegians are relaxing in the Spanish sun and taking health cures at a growing number of geriatric and rehabilitation centres run by Norwegian municipalities and staffed almost entirely by Norwegians in the Alicante region'.

Since 1975 Norway has imposed an official ban on immigration but has exempted asylum seekers, refugees and family reunion applicants[16]. However no program exists that could inform SAPP in its present configuration.

United States of America

Eldercare Locator

The Eldercare Locator DH &HS USA[17] clearly has the role of enhancing access, but more broadly than in the current SAPP brief.

> 'Established in 1991, the Eldercare Locator links those who need assistance with state and local area agencies on aging and community-based organizations that serve older adults and their caregivers. Whether an older person needs help with services such as meals, home care or transportation, or a caregiver needs training and education or a well-deserved break from care giving responsibilities, the Eldercare Locator is there to point that person in the right direction.'

It echoes the thrust of the Australian HACC service administration across federal and state jurisdictions in being administered in partnership with the National Association of Area Agencies on Aging and the National Association of State Units on Aging.

In translating the model and applying it to the Australian CALD elderly any adjustments would need to take into account cultural and linguistic differences of the respective groups. An example of how this can be done is provided by the Coalition of Limited English Speaking Elderly (CLESE)[18], in collaboration

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[15] Policy for older persons in the perspective of an ageing population Ministry of Health, Welfare and Sport (VWS) The Hague Feb 2006

[16] http://www.norway.org.au/facts/people/migration/migration.htm

[17] http://www.eldercare.gov/Eldercare/Public/about/main.asp

[18] http://www.clese.org/ccp.htm Depression Project Summary http://www.aoa.gov/OAA2006/Main_Site/

with White Crane Wellness Center and six community-based ethnic organizations. Focusing on mental health issues, CLESE has identified studies in developed countries indicating that the prevalence of depression is higher among immigrant, refugee and migrant elderly than in the mainstream population. Studies have also revealed there is a lack of understanding and acceptance of depression as a treatable illness in ethnic communities. In response CLESE addresses depression in ethnic elderly in four language/culture communities: Chinese, Korean, Polish and Spanish. A geriatric social worker compiles an extensive resource manual providing background information, materials and activities that ethno-specific, community-based agency representatives can then use in a series of group sessions. With successful community education, access to much needed but misunderstood mental health services seems assured. This type of service could be replicated as a component of SAPP and be incorporated in the development of the model.

Finland

Supportive Association for the Third sector – A model for ECCV?

Apart from echoing a call for improved administrative accountability by the public sector[19], Finland also supports an increase in carers for the elderly from the non government community, volunteer or third sector. Facilitating a stronger involvement from the sector is The Supportive Association for the Third Sector (KYT)[20] which has many elements of what would be called a peak body in Australia. The Ethnic Communities Council of Victoria is a peak body advocating on behalf of the Ethnic community in Victoria. The KYT is different from the Ethnic Communities' Council in that it functions both as a cooperative with administrative functions and as an association providing counselling and supportive functions.

Although this paper does not examine the developmental needs of the volunteer sector it does suggest the value of the organizational functions of the KYT being applied to the ECCV as SAPP establishes a model of supported access transferable across HACC and related services (please see figure 1 P12)

A dichotomy: employed carer or at home carer?

Relevant to SAPP is The Act on the Integration of Immigrants and the Reception of Asylum Seekers[21] which came into effect in 1999 and has a very clear aim of accelerating and integrating immigrants through education to employment. By stressing employment there is a double edged inference that those traditionally expected to provide support to the migrant elderly are now being expected to work in order to improve their lifestyle and adaptability to Finnish Life. Viewing this alongside the Canadian finding of 1999 that family care provides a huge saving to the Canadian government prompts reflection on the dichotomy inherent in supporting families' financial independence on the one hand and encouraging them to care for their frail on the other (please see Canada – Carers saving government money P10). Although not a pressing issue for SAPP at present it is one that needs to be borne in mind as the model takes hold.

[19] http://www.stm.fi/Resource.phx/publishing/documents/7581/index.htx

[20] The translation from the Finnish states "The Supportative Association for the Third Sector Organisations in Central Finland (KYT)…The KYT cooperative was founded in December 1999 and the KYT association was founded in April 2001…The cooperative takes care of bookkeeping, payment applications, auditings of the accounts and the overall financial administration of the associations…The association provides councelling and guidance services for the local non profit associations. It seeks for finance possibilities, helps to plan the projects, evaluates the projects." http://www.kyt.fi/kytinenglish.html

[21] http://www.finlex.fi/en/laki/kaannokset/1999/en19990493.pdf

Local government responsibility and community influence

The Finnish New National Framework for Services for Older People[22] has learning implications for SAPP in its emphasis on:

- local authorities' responsibility for service and quality of service
- availability and choice of both private and third sector (volunteer) service provision
- responsibility for service effectiveness, quality and cost effectiveness remaining with the local authorities
- partnerships between public, private and third sector

and recommendations for monitoring achievement of targets in the areas of both municipality and nationality (synonymous with ethnicity).

Local authorities are invested with responsibility for the quality, effectiveness and cost-effectiveness of the services. 'Whole of community' partnership is also stressed with participation of municipal inhabitants, clients and relatives, all being encouraged to influence the service provision and thereby theoretically reducing the demand on government funding'[23].

New Zealand

Holistic assessment

In the context of the health of older people strategy a holistic approach to assessment of the care recipient's carer system is strongly advocated for the NZ older Maori.[24] It has all the hall marks of the health care assessment processes generally adopted in Victoria. The assessment process is very respectful of the older person's support system, the 'whanau' [25]or' 'hapu' and although the principles set out here are most applicable to HACC work with the indigenous population they are also instructive in the initial recruitment phase of SAPP clients. Actively offering the assessment process rather than relying on people to initiate contact is stressed.

United Kingdom

A model implementation process

An umbrella statement[26] from the UK by Ministers, local government, NHS, social care, professional and regulatory organizations expresses a shared vision with a particularly strong social justice perspective whereby, irrespective of illness or disability, the goal is to support people to:

- live independently

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[22] http://www.stm.fi/Resource.phx/publishing/documents/14084/index.htx
[23] ibid
[24] http://www.moh.govt.nz/moh.nsf/indexmh/hop-communitycare
[25] http://www.mfe.govt.nz/publications/rma/building-agreements-with-maori-guide-may00.html
[26] http://www.dh.gov.uk/
Putting people first: a shared vision and commitment to the transformation of adult social care Ministers, local government, NHS, social care, professional and regulatory organisations 10 December 2007

- stay healthy and recover quickly from illness
- exercise maximum control over their own life and where appropriate the lives of their family members
- sustain a family unit which avoids children being required to take on inappropriate caring roles
- participate as active and equal citizens, both economically and socially

The paper[27] provides a parallel illustration of the effectiveness of collaboration with government and partnership development amongst agencies guided by basic Department of Health policy directives.

Of particular value to SAPP are the findings of the smoking cessation program for the Black and White Ethnic (BME) minority groups with four steps recommended for successful action:

- mapping, planning: delivering and evaluating interventions for BME communities
- targeting services: improving accessibility
- service delivery: working with existing networks
- monitoring and evaluation: building it into programme design

A very clear implementation process is modelled whereby it is important to plan, improve accessibility, work with existing networks and continue monitoring and evaluating the service delivery.

These guidelines clearly support the SAPP framework adding a dimension of support for the family/carer to offset or even avoid overburden.

Canada

Changing eligibility for services across a vast landscape

The report Provincial and Territorial Home Care Programs: A Synthesis for Canada[28] describes the current status of home care from a national perspective. It provides information, albeit dating from 1999 on home care in Canada and makes comparisons between jurisdictions based on eight factors related to organization, funding and service delivery. In essence it highlights the difficulty of providing uniform care to all Canadians eligible for Home Care. Transference of eligibility for home care across provinces with different eligibility/ insurance criteria is highlighted as an issue. The challenge to improve access to home care in provinces according to their (the provinces') own unique needs is one that is being expressed in SAPP across local government agencies.

[27] http://www.dh.gov.uk/ Tackling health inequalities: 2007 Status Report on the Programme for Action (modified March 2008)

[28] http://www.hc-sc.gc.ca/hcs-sss/pubs/home-domicile/1999-home-domicile/acces_e.html#1
The report was prepared by Home Care Development, Health Canada with assistance from the members of the federal, provincial and territorial (F/P/T) Working Group on Continuing Care, a subcommittee of the F/P/T Advisory Committee on Health Services.

Carers saving money for governments

In the same study there is acknowledgement of the cost saving by family members. Family members caring for the elderly are reported to have contributed unpaid services that would have cost between '$30 and $60 a day to replace with formal services'[29]
In light of the stress on migrant families working towards financial independence, especially as articulated in the Netherlands, SAPP would need to be careful not to assume availability of families to care for their HACC eligible members. (Please see Finland –A dichotomy... P 8)

Cooperatives enhancing communities

In recent years, the United Nations and other leading world institutions have recognized the role and significance of co-operatives within a global economy, and now actively promote their development[30].

The notion of a cooperative can be seen as a bridge between supported access to required services and self help. Viewed from the perspective of the different government and community involvement in the SAPP there is clear evidence of many elements of the multi -stakeholder cooperative model, often formed to provide health, home care, or other community services. By definition it includes different categories of partners who may be service users, employees and community organizations.

The SAPP may benefit from combining the functions of the Finnish KYT Cooperative and principles of the multi stakeholder cooperative model in encouraging the more underdeveloped small and emerging communities to access HACC services.[31]

Much praise is currently showered on the success of the Canadian cooperative model[32]embracing the challenges of immigrants ' transferring professional credentials to Canadian workplaces, and preparing children, youth and seniors for the realities of Canadian society… issues are complicated by poverty, language barriers, a lack of culturally sensitive support systems, and limited access to organizational structures that allow these communities to help themselves… many immigrant groups are demonstrating a strong desire to create their own solutions to challenges, and they are showing interest in the co-operative model as a way to achieve their goals'.[33]

For example, the Rainbow Community Health Co-operative, serving the South Asian migrant community of Surrey Delta, BC provides the first point of entry to the health care system, acts as a centre for information and referral issues and deals with the community's specific needs.[34] This may be an important point to consider in the context of the Access Points Mapping Project.

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[29] http://www.hc-sc.gc.ca/hcs-sss/pubs/home-domicile/1999-home-domicile/situation-eng.php
[30] http://www.coop.gc.ca/index_e.php?s1=pub&page=soc#soc313
[31] http://www.coop.gc.ca/index_e.php?s1=info_coop&page=type
[32] http://www.coop.gc.ca/index_e.php?s1=pub&page=soc#soc313
The Government of Canada's Co-operative Development Initiative (CDI) is a new program supporting innovation and growth of co-operatives. It is administered by the Co-operatives Secretariat, which also plays a key role in co-operative research and knowledge sharing. As CDI innovation and research projects unfold across Canada, the key learnings and best practices resulting from these projects will be documented for the benefit of all Canadians…and indeed for the SAPP.
[33] ibid
[34] ibid

Cooperative HACC?

Touted as an instrument of social, technologic and economic innovation the Canadian model, together with learnings from the Finnish KYT model, has great potential to inform the scope of SAPP. In Canada co-operatives serving target populations parallel the scope of the target groups currently being addressed by HACC. It may be a relatively small extension in policy to encourage the development of a stronger way of cooperating by merely stressing the principles of:

- a service to members or the community secondary to profit accumulation
- working towards autonomous management initially supported through public programs
- democratic decision-making processes
- primacy of people and work over capital
- redistribution of profit operations based on the principles of participation, empowerment, individual and collective accountability[35].

But perhaps the initiative of greatest interest to SAPP is the University of Wisconsin Centre for Cooperatives recent research examining home care cooperatives as a model for delivering home-based services to elderly and disabled people to a large, broad-based audience as well as improving care workers' jobs.[36] Published in March 2005 it serves as a resource to guide the development of cooperative-like home care services particularly geared to supporting ethno specific care needs such as those referred to in the South Asian community of Surrey Delta BC.

However for all the potential positive outcomes of an ethno specific cooperative model in assuring paid work for its own members there is the danger of formalising segregation of the gainfully employed from the mainstream community into which they strive to integrate. As the SAPP model develops it needs to demonstrate a clear process of capturing the HACC eligible underserved ethnic population into mainstream services. Extending co-operative stakeholder eligibility to key mainstream service players, would in part overcome the risk of excluding exactly those communities being targeted.

[35] A Review of the Theory and Practice of Social Economy in Canada," p. 5. William Ninacs, August 2002
[36] http://www.uwcc.wisc.edu/info/health/homecare.pdf

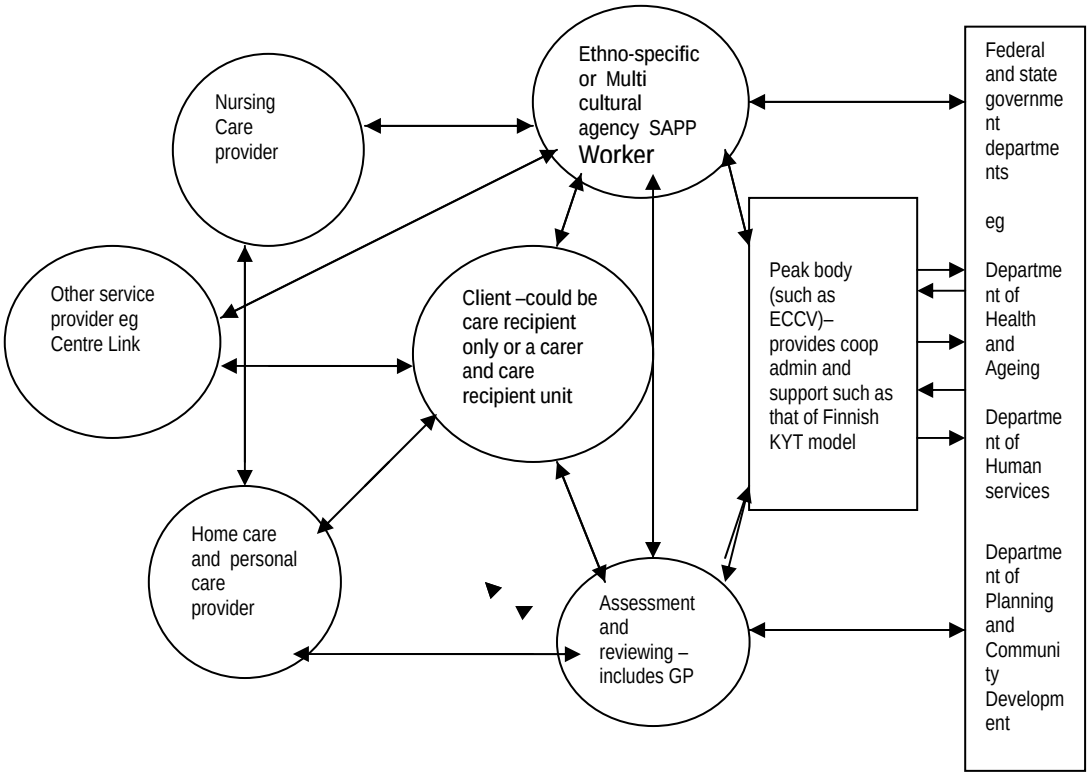

Fig 1 Proposed ECCV Model of mainstream and target group players in a multi-stakeholder co-operative –An extension of the existing model for HACC service delivery[37]

The above figure suggests the inter-relationship between the key players in the current HACC model but with an administrative element added to the peak body to provide oversight of the members of the cooperative (in the spheres).

Netherlands

Same gender care, assimilation and financial support.

Illustrating the problem of imposing multiple, untenable roles, as well as segregation from the mainstream community, on a family carer who has potential to become an active cooperative member but has little mainstream support is the study of Turkish family caregivers and Dutch community nurses in the Netherlands[38]. The study makes strong recommendation that elders receive gender-based bodily care and that family be encouraged to stay involved in the way they traditionally were prior to migration. The counter recommendation that the community is educated to accept its changed situation and that traditional methods of care are no longer viable is largely lacking. Furthermore it is implied that somehow both carer and earner roles can be undertaken simultaneously but the issue of income support for the family is not addressed. This compounded issue sounds a cautionary note for SAPP

[37] A Co-op model being suggested by the author.
[38] Diversity in care values and Expressions among Turkish Family Care givers and Dutch Community Nurses in the Netherlands Yolande Van Den Brink,

when dealing with communities bringing traditional care practices into a new cultural and economic context.

European Union

Extending the same gender care issue

If SAPP is to model gender equality during the integration process it needs to be mindful of relying too heavily on informal care. It is well established that informal care responsibilities affect the relationship between care-giving and employment, particularly with respect to women. [39] The issue of providing culturally competent counselling to a family member regarding whether to work or not is one that will need to be considered.

The Australian Context

The effect and success of HACC policies assisting the CALD target group to access services in order to remain living in the community for as long as possible is most evident in South Australia and Queensland.

South Australia

Ethnic Link

In South Australia Ethnic Link SA[40]is a state wide program funded by Home and Community Care and aims to ensure that supports assisting CALD people to remain living independently in their own homes, are responsive to their language and cultural needs. Ethnic Link works in partnership with agencies providing assessments for services, language assistance to case managers, advocacy and liaison on behalf of clients and contribution to policy development.

HACC funded ethnic link workers are able to provide a supporting service linking clients to services other than HACC[41], including any number of community aged care services, with the aim always being to ensure the person will be able to live independently at home for as long as possible. HACC program services are not the only services that the client is supported through by Ethnic Link and, as HACC approval appears to have been given to Ethnic Link to extend supportive services outside the HACC program this of course sets a welcome precedent for the development of a supported access model in the Victorian context.

Queensland

Ethnic Community Care link

In Queensland Ethnic Community Care Links Inc[42] receives state HACC and Department of Health and Ageing funding and like Ethnic Link in South Australia promotes the principle of inclusion. But rather than clearly advocating for positive discrimination for supported access to services for the CALD community as Ethnic Link appears to, it's vision embraces principles of social justice more broadly

[39] Informal and Formal Care in Europe Tarja K. Viitanen
[40] http://www.ucwpa.org.au/community-services/ethnic-link-services/
[41] Per discussion with Angelica Tyrone manager at Ethnic Links South Australia. April 2008
[42] http://www.eccli.org.au/attachments/Information_to_Clients.pdf

highlighting 'inclusion, compassion, care and respect for others and equal access to all people, regardless of background, culture or abilities'. This clearly supports the views that communities wanting to maintain traditional care practices should be supported in a way that offsets possible segregation and isolation. For example Arabic women who are presented with the uncomfortable choice of whether to work or care for their relative, should be availed of culturally sensitive counselling to make a well considered choice sanctioned by the principles outlined above.

Synthesis

People who find themselves in the invidious situation of being disabled (permanently or temporarily) and or frail aged enough to need services in their home to prevent untimely admission to institutional care already face the difficulty of negotiating for a service(s). But to have that ability compromised by language or cultural barriers often makes the task appear impossible. To have compassionate support to overcome that hurdle is now considered a global right by the UN and WHO[43]. This right is sanctioned by influential peak bodies[44] and underpins the HACC legislation and policy to which SAPP refers:

The different programs alluded to in this paper share the common purpose of making care and health services accessible to all who need it.

The most salient themes connecting care and health service accessibility and found to be particularly applicable to SAPP include

- UN and WHO sanction of adherence to commitment to all individual's right to access care and support that will not only address immediate health problems but will advance well being into old age[45]
- support for an ethnic sector cooperative utility based on a multi-stakeholder model which would incorporate both advocacy and administrative functions whilst also developing a self sustaining function [46]
- flexible support to provide adequate information with cultural sensitivity to clients and their carers about the whole range of services and community facilities available to them to assist them to make well informed choices appropriate to their particular situation[47]

The findings of this literature search have been identified as having potential to inform the development of the SAPP model and will ultimately serve to enrich the administration of a broader main stream health care access program stressing cultural competence in the delivery of services.

[43] http://www.who.int/ageing/primary_health_care/en/index.html
[44] ibid
[45] http://www.who.int/ageing/primary_health_care/en/index.html
[46] http://www.coop.gc.ca/index_e.php?s1=pub&page=soc#soc313
[47] Informal and Formal Care in Europe Tarja K. Viitanen

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