



Ethnic Communities
Council of Queensland



Little Book of Cultural Tips

Multicultural Advisory Service (MAS)



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Little Book of Cultural Tips

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Purpose

This booklet aims to assist all staff involved in the community, disability, aged care and health services in providing culturally appropriate support and care by increasing their awareness in areas where cultural sensitivities may exist, and wherever possible providing some tips and information sources.

Disclaimer

This resource is a synthesis of information from a range of sources believed to be reliable. Diversicare gives no guarantee that the said base sources are correct, and accepts no responsibility for any resultant errors contained herein or for decisions and actions taken as a result and any damage. Please note there may be costs associated with some of the resources and services listed in this document.

Introduction

Each person is unique and has his or her own individual requirements that need to be considered when planning care.



This booklet aims to assist staff in the community, disability, aged care and health services in the provision of culturally appropriate support and care by increasing their awareness of areas where cultural sensitivities may exist, and wherever possible providing some tips and information sources.

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Preface

How this Little Book Came About

One Friday afternoon, I received a phone call from a local aged care coordinator who sounded very concerned. The daughter of a client, who was the client's carer, had cancelled the high level of professional care her mother was receiving.

I was invited to offer any cultural support the family might require. I had no prior knowledge about the family or their cultural background. The aged care coordinator and myself agreed to meet at the carer's home. Upon arrival, I noted the logos on both our work cars, which caused me to reflect on comments made by some consumers to us, that they did not want their neighbours to know they received care services.

As we entered the front porch, a lady appeared looking very tired whilst holding the door open with a soft smile. In those few seconds, I noticed a pile of shoes in front of the doorway. Often this is a good indication that people are expected to take their shoes off before entering the person's home.

I made eye contact with the coordinator as I took off my shoes before entering, and she followed this example with some hesitation (under Workplace Health and Safety, workers are required to wear covered shoes.)

We said hello to the lady who replied in a very quiet voice, "How are you?" The coordinator said in a loud, chirpy, happy, bubbly voice, "I am flat out like a lizard drinking!" This was met with a blank expression on the lady's face, however the well-intentioned coordinator continued chatting while walking and totally missed the confused reaction to her comment.

Once inside the house, we were invited to sit on the lounge, and the coordinator at first hesitated then followed me to take a seat. The lady immediately put the kettle on to make us tea. The coordinator declined the cup of tea. The lady made the tea anyway and I accepted.

The next minute a variety of Indian food was laid out in front of us. From cultural training, I knew how important it was to accept the food. The coordinator refused the food in a professional manner and the lady continued smiling and encouraging the coordinator to eat.

I knew the smile did not necessarily mean that the lady accepted the refusal of food by the coordinator, as it is considered etiquette in some parts of India to first refuse food and then accept it on the second offer, and moreover it is offensive to ultimately reject the offering of food from a host. Only when I explained to her the organisations' policy about not accepting food, did she show her understanding. A simple explanation seemed to make a huge difference.

After building rapport with the carer, we started the conversation about her mother who had refused further home support. The lady could not give us any reason why they had chosen to cancel the care service.

Finally we were able to meet the carer's mother and it was clear that an interpreter was needed to elicit any information if we were to progress as far as the client's involvement in her own care. It was also evident that the client needed the extra support. She looked frail and her mobility appeared very limited. It was apparent that she needed help showering. It was also clear that her daughter was not going to tell us why she wanted to cancel the service. She merely stated that she would try to manage showering her mother herself, before going to work. This led me to ask to see the bathroom.

In the corner of the bathroom was a little stool, a large bucket and a jug. At the opposite end was the shower. In many Asian homes, older people tend to shower using the customs from their country of origin. The use of the bucket had two purposes, one for cleanliness and the other to save water, the importance of which is deeply ingrained in the habits of some older immigrants.

We discovered that the personal care worker was showering the client without the bucket while her daughter was at work, and the client constantly fought with the worker by refusing to take a shower. We also found that the client wanted to be private while showering; this was not expressed to the organisation or to the worker.

Often CALD consumers do not readily express their needs: we have to observe and elicit the information carefully.

After we provided an explanation about how the service would be provided in line with the client's wishes, her daughter the carer was very happy to continue to access the range of care services.

This visit highlighted the need to provide care workers with some basic understanding to detect and resolve many barriers which CALD consumers face, and which staff in the care industry are required to manage. The contents of this little book provide insights into many of the common situations which can cause misunderstandings to occur.

Whilst the above story is a good example to identify many issues faced by CALD consumers, every story is different and each will need individual personalised care.

*- Julie Fraser
MAS Statewide Team Leader*

NOTE: With recent Aged Care reforms, the Department of Health now refers to home care service clients as consumers. Throughout this little book, the terms "client" and "consumer" are used interchangeably for improved readability.



CHAPTER 1

Preparing for Your First Visit

Have you done some basic research about the person's culture?

Below are some key websites to assist you in understanding cultural diversity and to learn about your client's culture. These are helpful starting points.

We need to be careful not to put everyone from the same cultural background into the one group and assume that one approach is best for all. Therefore we need to use community profiles with caution as they may lead to stereotyping.

It is important to identify culturally and linguistically diverse (CALD) communities in your catchment area when planning and promoting services. The CALD community is growing yearly and yet the number of people accessing services is under-represented. The Australian Bureau of Statistics can provide you with local demographics which will assist you.

Australian Bureau of Statistics www.abs.gov.au

Diversicare www.diversicare.com.au

ECCQ www.eccq.com.au

Centre for Culture, Ethnicity and Health www.ceh.org.au

Multicultural Aged Care www.mac.org.au

Every Culture www.everyculture.com/index.html

Eastern Health www.easternhealth.org.au

New Internationalist Magazine www.newint.org

Centre for Cultural Diversity in Ageing www.culturaldiversity.com.au

Department of Social Services www.dss.gov.au

Queensland Department of Aboriginal & Torres Strait Islander Partnerships
www.datsip.qld.gov.au

Queensland Health
www.health.qld.gov.au/multicultural/health_workers/for_hlth_workers.asp

Have the cultural background and language been identified over the phone?



- How long has the client lived in Australia?
- Is there a need to use an interpreter?
- If yes, make sure the language is appropriate. For example Tamil language is spoken in different parts of the world. Apart from India, Indians live in Africa, Fiji, Malaysia, Singapore and Sri Lanka, and the language differs in each country. For example, if an Arabic interpreter is requested for a Sudanese client, then the client may need a Sudanese Arabic interpreter. In some cases Sudanese may prefer to use their own language.
- Using family members as interpreters can result in the lack of certain topics being discussed due to cultural protocols.
- Using family members as interpreters may also result in the exchange of incorrect information.
- Using children under 18 years old has also caused incorrect information being passed to support workers which can be detrimental to the client.
- Do you know the process involved in your own organisation when using an interpreter?

TIPS

- Be aware that clients living in Australia for a number of years may use words and terminology that may differ to their native country.
- Always confirm the meeting time.
- Clarify if parking on the driveway is acceptable (out of respect to client).
- Ask client whom she/he would prefer to have present on the day.
- Consider attending an interpreter training workshop.
- Make sure an interpreter is utilised, because only through language does the client have access to the fundamental rights to culturally appropriate services, to make a complaint, to be informed about their options and responsibilities, to be involved in their care plan and make decisions to meet their needs.

Do you have the contact details and know about FREE help if there are issues with your client's level of English – verbal or written?

Use an interpreter during assessment. Accurate clients' details are collected. Clients also gain an understanding of services and their rights as an individual.

Translate written resources in clients' language to assist clients to better understand the service and their rights as well as creating a good start to positive approach between service provider and clients.

Organisations are responsible for ensuring that staff have adequate understanding and knowledge of when to use an interpreter.

Professional interpreters are bound by a code of conduct.

Establish a process to ensure there is an effective process for staff to access interpreters and translator services.

Use the right funding source – it is important for staff to know which interpreter service to use. Provide guidelines for effective use of interpreters/translators so staff know the processes involved.

Identify the right language and dialect. Find out about clients' primary and secondary languages, clients' preferred languages and preferred dialects. Never assume that the person's country of birth indicates their language preference.

What resources can be used to communicate across a language barrier?

- Professional interpreters
- Written materials in the client's language (check for literacy levels)
- Visual interpreting cards and visual aids
- Non-verbal communication
- Language cards
- Informal interpreters (aware when to use friends and family)

All approved aged care providers have access to free interpreter services from the Department of Health, in line with their responsibility to provide culturally inclusive services.

Process:

- Providers need to ensure they are supplied with a TIS National Client Code. This number must be quoted when accessing TIS National.
- Providers who do not have a Client Code need to contact TIS National Client Liaison or Promotion team on **1300 655 820** or email tispromo@border.gov.au

Further interpreter and translation services are listed on page 39.

Further reading tips on the use of interpreters:-

- www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf
- Encouraging clients to talk to their GPs about Doctor's Priority Line for accurate and effective assistance
www.tisnational.gov.au/Agencies/Frequently-Asked-Questions-for-agencies?keywords=priority-line&sort=0
- Identifying clients' language
www.health.qld.gov.au/__data/assets/pdf_file/0023/155813/Inguage_id_crd.pdf
- Use of additional communication aids such as communication cards
www.easternhealth.org.au/site/item/152-cue-cards-in-community-languages
www.oyo.net.au
www.health.qld.gov.au/__data/assets/pdf_file/0014/152150/wct.pdf
- Use of national interpreters symbol
www.dss.gov.au/settlement-and-multicultural-affairs/programs-policy/settle-in-australia/help-with-english/national-interpreter-symbol



TIPS

- When applying for funding for your projects, always allow for funding for interpreters and translators to enable you to provide culturally appropriate care in line with government requirements.



CHAPTER 2

Effective Communication with your Client

How effective is your communication process in providing culturally appropriate care/services?

Effective communication is a two-way process that means getting your message across and also understanding what the other person has to say.

In some cultures:

- Communication across cultures differs
- Emotion is displayed openly (can lead to misinterpretation)
- Your communication style can be offensive (e.g. talking loudly, making direct eye contact, using acronyms or jargon, gesturing whilst talking)
- Certain topics are not discussed by family
- Precautions need to be taken when using family members for communication.

TIPS

- Be aware of client's communication style.
- Be aware of your own cultural lens (attend Cultural Awareness Training).
- Observe verbal and non-verbal communication (attend Cross Cultural Communication Training).
- Did you know that 93% of communication is made up of non-verbal language? Observe body language in a cross cultural interaction.
- Some European cultures display emotions and body language openly. For example they may bang on the table to express their point. Often this is misconstrued as aggressive behavior.
- Some Asians may not make eye contact while talking to you. This can be misconstrued as being rude or that the person cannot be trusted.
- Note that others may remain calm and agree to everything without voicing their concerns.
- Speak more slowly (not more loudly) and be patient, repeating information if the client requires it.
- Learn about low-context and high-context cultures (see page 13).

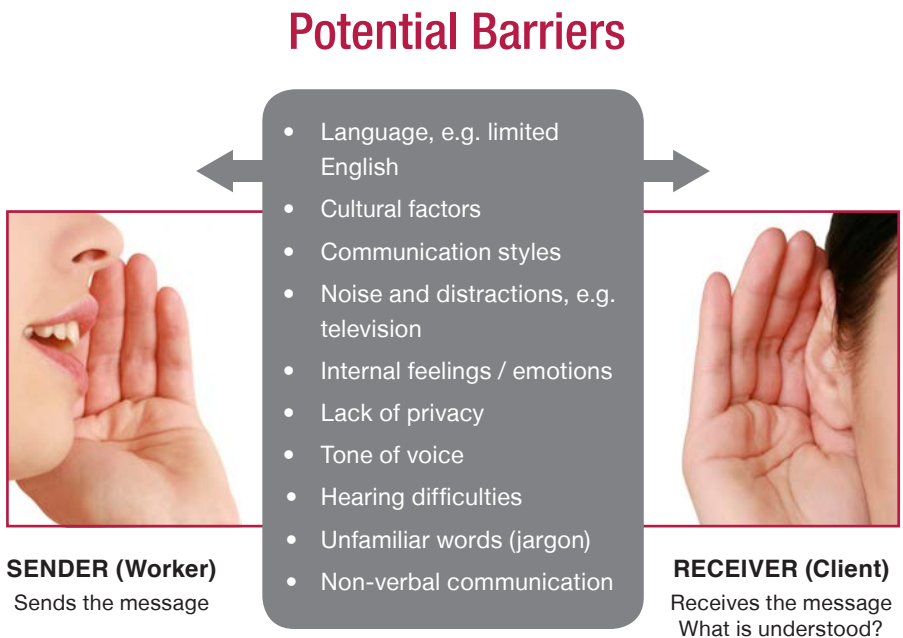
Some potential barriers to communication

First we need to understand the process and how we communicate with each other.

For communication to be successful, the sender has to ensure that the receiver understands the message. Below is a list of common barriers which can prevent or diminish understanding between sender and receiver.

Being aware of these potential barriers is the first step to overcoming them, as we can then put simple strategies in place to ensure that our message is received.

These barriers can be occur when **listening, speaking, observing, analysing and processing information**.



On page 14 you will find a list of simple strategies which will dramatically improve our communication process with clients across different cultures.

Whilst much of this may appear to be 'common sense', these measures are easily overlooked, and they take regular practise and ongoing self-awareness to implement.

By practising these methods regularly with your clients, you will internalise them to the point where they are second nature to you.

Strategies to improve communication

Prepare and plan before your visit:

- If language is an issue, ensure an interpreter is available.
- Read up about your client's culture prior to your initial visit.
- Attend training to understand verbal and non-verbal communication.

To overcome potential barriers to your communication:

- Explain what you are doing.
- Speak clearly in a normal tone of voice.
- Provide information in an easy-to-follow sequence.
- Make use of short open questions.
- Be aware of how loud or softly you are speaking.
- Be aware of your pitch, whether it is pleasant or unpleasant.
- Be aware of the speed at which you talk.
- Ensure a private setting without noise or distraction (e.g. a private room).
- Focus on speaking.
- Avoid pressures or internal feelings causing distractions (e.g. thinking of food, or of another appointment, etc).

Be receptive to the results of your communication:

- Practise active listening with an open mind.
- Observe gestures, facial expressions and body language.
- Always clarify meanings if unsure.
- Ask the clients – they are the experts in their own lives and cultures.
- Do not complete sentences for the other person.
- Be patient and empathic.

Build trust as a strong foundation for future communication:

- Respect differences and work together.
- Choose humour carefully.
- It's OK to lay ground rules (e.g. punctuality).
- Be aware of confidentiality.
- Avoid making assumptions, judgemental comments and stereotyping.
- Remember that observation is the key to communication.

TIPS

- Be aware that communication stops when assumptions start.
- We stop listening when we are upset or angry.

Low-context and high-context communication

We humans are unique in using a system of symbolic communication known as language. However there is more to communication than just language.

Anthropologist Edward T. Hall, the founder of inter-cultural communication studies, explains in his book *The Silent Language* that much of human communication is unexamined and therefore often taken for granted.

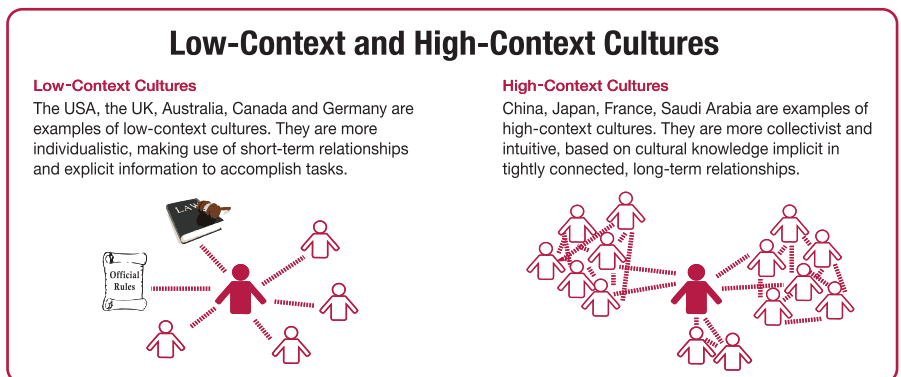
In what he termed **high-context cultures**, there are many elements such as body language, facial expression, tone of voice, person's status, gender roles and relationship building that help people to understand the unwritten rules. As a result much is taken for granted which is not apparent to people who are not part of that culture. Often this leads to miscommunication due to lack of understanding the "unwritten rules".

In **low-context cultures**, little is taken for granted. Information is communicated directly through words and it is important to say what you think. If something is unclear an explanation is needed.

Low-context and high-context communication can happen at various levels in your life. You can come from a high-context culture and use low-context communication in your workplace or you can come from a low-context culture and use high-context communication with your family members who know and understand you very well.

It is most important to understand how different communication styles relate to your clients. When you come into contact with your client or co-worker who has a different communication style than yours it is very easy for both sides to become frustrated.

How do we communicate with clients and co-workers from another cultural background to our own? We cannot know everything about every culture but we can learn to understand how we communicate using high-context and low-context messages.



Edward T. Hall's theory is also complemented by many other anthropologists. For example Geert Hofstede's (2008) theory is based on the idea that values can be placed on cultural dimensions.

Four dimensions include individualism vs collectivism, power distance which is equality vs inequality, masculinity vs femininity, and low vs high uncertainty avoidance.

According to Hofstede the cultural dimensions are only a framework to guide us to gain an insight into how values in the workplace are influenced by culture. However, the following table shows how this can apply to everyday life in assisting CALD consumers.

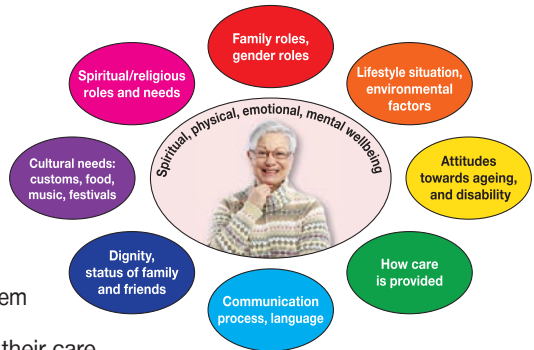
Low-Context Communication	High-Context Communication	Interacting with People from Different Context Backgrounds
<p>Individualism</p> <ul style="list-style-type: none"> • Individually oriented (promotes independence) • Direct communicators - straight to the point • Fact is fact • Task-oriented • More verbal • Time-oriented, punctual • Structured • Short-term relationships for achieving a task. 	<p>Collectivism</p> <ul style="list-style-type: none"> • Group oriented (protects and values group) • Indirect communicators • Avoid conflict, shame, taboo subjects • Easily distracted from task • Less verbal • Can always change time • Everything is interrelated • Long-term relationships built over time. 	<p>Awareness of the degree to which one is part of the group. Commitments may be made by the client to the family (protect family).</p> <p>TIPS</p> <p>Be mindful that some consumers/clients may not understand your process or rules. Explain this if the need arises. Explain the importance of time in your role if this is an issue.</p> <p>The client may need gentle probing if there is any sign of sensitive issues, e.g. elder abuse, mental illness, dementia or continence issues.</p>
<p>Low Power Distance</p> <ul style="list-style-type: none"> • Less interest in status • Egalitarian family structures (share the balance of power) regardless of social, religious, political, economic or civil circumstances of people. 	<p>High Power Distance</p> <ul style="list-style-type: none"> • Status is important • Hierarchical family structures (inequality of roles) • Elders are respected • Gender and birth order play a key role in families • Members look up to the head of the family. 	<p>Awareness that power distance may not be distributed equally. How do you feel about this? Does this influence your judgement and the support you provide?</p> <p>TIPS</p> <p>Be mindful of who is the head of the family. Acknowledge the status, experience and knowledge of your client. Your client may have been a doctor or lawyer in the past.</p>
<p>Femininity</p> <ul style="list-style-type: none"> • Is characterised by support, caring, negotiation, relationships • Quality of life and people are important • Both genders show their emotions 	<p>Masculinity</p> <ul style="list-style-type: none"> • Is characterised by assertiveness, power, dominance, success • Money, possessions and status are important • Girls cry, boys fight 	<p>Awareness that a society may be called masculine when men are discouraged from displaying emotional behaviours.</p> <p>TIPS</p> <p>Client may refuse support in free continence aids or other help. This could be in order to save face. Look for another approach.</p>
<p>Low Uncertainty Avoidance</p> <ul style="list-style-type: none"> • More relaxed • Focus on actual events • Messages are clear • Prefer structured over unstructured situation • Open to change • Takes risks. 	<p>High Uncertainty Avoidance</p> <ul style="list-style-type: none"> • Threatened by the unknown • If uncertainty emerges it must be resolved • Looks at big picture, needs to know connection • Reads between lines • Worries about future. 	<p>Awareness that some members of a culture may feel threatened by the uncertain or unknown. It is the extent to which a culture may embrace or avoid the unknown.</p> <p>For example, clients may feel uncomfortable with the changes in the aged care industry.</p> <p>TIPS</p> <p>Talk to your clients. Provide good clear explanations. Provide good resources to support changes.</p>

A holistic approach to care

By seeing the needs of the whole person we can understand the elements involved in physical, emotional, mental and spiritual wellbeing and help them in their own care and/or recovery. The diagram below shows just some of these elements.

What do most clients want?

- To live in their own community
- To be treated with respect
- To be acknowledged
- To be treated as individuals
- To know what you can do for them
- To be involved in planning for their care.



Restorative Care in the Commonwealth Home Support Programme (CHSP)

The Australian Government has introduced the Restorative Care Approach as a key element in the CHSP, with the focus on wellness, reablement and restorative care approaches in working with older people and their carers during assessment, planning and delivery of supports.

It means building on older people's strengths, capacity and goals to help them remain independent in their daily living tasks and to live safely at home. It is a transition from a model that may have fostered dependence to one that actively promotes independence. This is a culture shift from 'doing for' clients to 'doing with' consumers.

For some providers, this represents a significant change from the way entry level services have previously been delivered.

The Commonwealth Government has developed a 'Good Practice Guide for Restorative Approach.' This guide to support service providers in the transition to the 'doing with' service delivery model is available from the website www.dss.gov.au/chsp.

Further Resources:

Diversicare (Multicultural Advisory Service provides cross cultural training)
www.diversicare.com.au

Multilingual Resources (Centre for Cultural Diversity in Ageing)
www.culturaldiversity.com.au/resources

Cue Cards in Community Languages for free (Produced by Eastern Health)
www.easternhealth.org.au/site/item/152-cue-cards-in-community-languages

OYO, Communicate, Translate, Relate – cost involved www.ojo.net.au



CHAPTER 3

Gathering Information about your Clients

Is there a shared concept of time?

- What does punctuality mean, or signal, to a client?
- What does punctuality mean to you?
- How do you negotiate this?
- Is there less emphasis placed on punctuality?

In some cultures time is linear and people are conscious of the exact time. Time is valuable. In these cultures people do one task at a time, and when completed they start the next task, therefore punctuality is very important. Edward T. Hall describes this cultural structuring of time as “Monochronic Time”.

In other cultures, the structure of time is “Polychronic”. There is no consciousness of time. For example, some people from Pacific Island countries, some Indian communities, some Papua New Guinea communities, African communities and Indigenous communities adjust time to meet the need of people therefore punctuality is not as significant.

TIPS

- Explain your workplace guidelines and time management so clients understand the reason behind why punctuality is so important. Reinforce the importance of loss of time to you as a worker and to the organisation.
- Keep in mind people in the same culture may differ in their concept of time.

Remember:

- Cultures constantly change.
- Some people adapt and change over a period of time; others may require some understanding about the importance of time and sometimes you may have to negotiate suitable times.
- Flexibility and building relationships are some key factors to assist with this process.
- Continue to read cultural profiles.

www.diversicare.com.au

www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

Do you need to be sensitive around the topic of migration history?

Migrants to Australia have arrived through voluntary choice. It is important to understand the difference between migrants and refugees:

- Refugees are people who have fled persecution in their own country.
- They may have been subjected to pain and torture.
- They may have arrived as a result of world war or civil war.

Often people behave the way they do for a reason.

What is normal to one person may not necessarily be normal to the other person. Past history, cultural background, migration history, the circumstances of migration (e.g. refugees), year of arrival, life history and family commitments all are relevant to understanding your clients in providing culturally appropriate services.

TIPS

- Observe signs of torture and trauma, which may include:-
 - sudden movements, reaction to loud noise
 - hoarding food in the room
 - refusal to shower, etc.
- Include staff training on torture and trauma.
- Note changes in behaviour and document everything.
- Always read case notes.

What do you do if there is a possibility of gender issues?

Gender identity and gender relations play a major role and differ greatly between cultures. This shapes how we live our daily lives within our family, community and workplace.

In some cultures:

- Men and women do not make physical contact with each other
- Men kiss and hug each other
- Men do not seek assistance
- Women may prefer same gender support workers
- People who are lesbian, gay, bi, trans and inter-sex (LGBTI) may be hidden.
- Their spouse (generally husband as head of household) will need to be present when discussing any matter to do with his wife and/or children.

TIPS

- Be sensitive to gender issues.
- Be conscious of male/female physical contact.
- Ensure the worker is appropriate for the client. It may be culturally inappropriate for a male worker to shower a female client or a female to shower a male client.
- Ask the client about their specific need as an individual.

Is your clothing appropriate?

In some cultures:

- Modesty is important
- Clients may refuse to allow support workers of the opposite sex to undress or shower them (e.g. Hindus, Muslims)
- Clients may wear religious jewellery or items and may not allow support workers to remove these items
- Shorts, thongs, short skirts or strapless clothing are not appropriate
- Some clothing types are not allowed inside places like churches, mosques, temples, etc.
- Sloppy and overly casual clothing is seen as disrespectful.



TIPS

- Cover arms and legs as a sign of respect.
- Seek permission before removal of items.
- Always discuss workplace guidelines about your service first in terms of:
 - Removal of your shoes (seek permission from co-ordinators for the use of alternative methods, e.g. use of shower caps over shoes)
 - Use of uniform (observe clients for changes in their behaviour when you are wearing a uniform – seek permission from the co-ordinator for alternative measures).





CHAPTER 4

Arriving at the Client's Home

Did you know people with clipboards, logos on cars, uniforms, official name badges and even uniform colours can trigger negative emotions for people from some cultures?

In some cultures:

- Anything can trigger Post Traumatic Stress emotions, e.g. people, places, sounds, words, clothing (especially uniforms), badges, and/or smells
- Retelling their past or traumatic events is also a trigger
- Making recordings, taking notes and being asked the same questions several times can be a trigger
- Loud noises, sudden noises and sirens may be triggers
- The sound of water running in the showers can even be a trigger.

TIPS

- Gain some understanding on civil war and post war development to assist CALD clients.
- Case notes should be written objectively – avoid making assumptions or stereotyping.
- Include migration experience and life history in case notes.
- Observe, document and report.
- Convey your message clearly.
- Listen actively, show respect and be supportive.
- Gain some knowledge on Post-Traumatic Stress Disorder.
- Encourage clients to speak to the doctor.

Further Resources:

www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Post_traumatic_stress_disorder

How do you greet your client?

Have you thought about how your clients would like to be addressed?

Do your clients prefer the use of their first name?

Are there cultural differences in the use of a person's name in writing and speech form?

How do you show respect for age?

In some cultures:

- Hugs are included as part of the greeting
- A handshake is appropriate when greeting
- There are protocols about when to shake hands
- The left hand is considered to be unclean
- It is polite to show the palms of the hand; in other cultures it is disrespectful
- A slight bow needs to accompany your greeting
- The person can be called aunty or uncle
- Elders are acknowledged first
- There are rules about what part of the body you touch and don't touch
- It is forbidden to touch or pat a person on particular parts of their body, e.g. the head
- It is taboo for any form of touch between genders, or non-family members
- You should not touch at all
- Giving things across the threshold of a house before entering is inappropriate.

TIPS

- Read cultural profiles, found on the resources below.
- Follow the client's lead.
- Be open and ask your client about the process.

Further Resources:

www.diversicare.com.au

www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp



How do you address your client?

In some cultures:

- Official titles (e.g. Mr, Mrs) are not used
- People may prefer those who do not know them well to address them formally by using official titles such as Mr or Mrs
- Respectful forms of address are used by younger people
- Some people are more likely to be formal or reserved, e.g. Croatians, Dutch
- Nicknames are not used
- There are preferences about which of their names are used and how (e.g. not shortened)
- They do not share a family name, instead other names are chosen
- The first name is written before the family name
- Some people also use their father's name
- Some people prefer to be called by their first name
- They might have a family name + a generational name + a first name
- They may prefer to use chosen Western names while in Australia
- They may have village name, father's name, given name, caste name
- The name is influenced by religion or caste.

TIPS

- Every culture has a naming system.
- Our names can identify us as an individual or as a member of a group.
- This also provides distinction between family members and also values individual status.
- Ask the client what they would like to be called.
- Use proper pronunciation and spelling.
- Learn how to say hello in your clients' language.
- Encourage clients to teach you words in their language.
- Read cultural profiles.

"A name pronounced is the recognition of the individual to whom it belongs. He who can pronounce my name aright, he can call me, and is entitled to my love and service."

– Henry David Thoreau (1817-1862) American naturalist, poet and philosopher

Further Resources:

www.diversicare.com.au
www.everyculture.com

"Age does not protect you from love, but love, to some extent, protects you from age."

– Jeanne Moreau



CHAPTER 5

Entering the Client's Home

Should you go first through the door or follow the client?

In some cultures:

- You are to enter first
- You are to follow after all others
- You do not hold conversation through doorways, e.g. some Indian cultures
- You do not exchange or lend an object in the doorway, e.g. some Indian cultures.

TIPS

- Follow cues from clients or their families.
- Ask the family if unsure.

Shoes off at the door before entering the house, or not?

In some cultures:

- Shoes need to be removed before entering the house and bare feet are preferred
- Shoes are considered unclean and you therefore are expected to apologise if you even touch someone accidentally with your shoe, e.g. some Indian cultures
- Special prayer areas in the home have to be kept clean, and one has to avoid walking in those areas, e.g. Hindu, Muslim cultures.

TIPS

- Be aware of workplace health and safety issues.
- Speak to your organisation first.
- There is always room for negotiation. If you have to wear shoes the compromise might be to place a shower cap over your shoes.
- Always look for clues – shoes at the entrance are a clue that you cannot enter with your shoes on your feet.
- Confirm by simply asking the client or a family member.

Is it appropriate for family to be involved?

Things to consider:

- Some topics can only be discussed with particular people in the family.
- Find out who needs to be present.
- Assess what is the client's role in the family.
- Assess whether there are gender issues.
- Look at other networks if needed.
- You need to determine who is considered family.
- Also think about autonomy here, and the human rights of the individual as distinct from the family. How do we balance this?

TIPS

- Some cultures may focus on nuclear families.
- Others may focus on extended families.
- Consult with the client.
- Break assumptions.
- Respect everyone's rights.
- Be aware of confidentiality.
- Read your workplace guidelines.



“Do not let your assumptions about a culture block your ability to perceive the individual, or you will fail.” – Brandon Sanderson

Do you need to build rapport with the client?

In some cultures:

- Being and talking alone with some clients can cause anxiety. Clients may prefer another family member or community member present
- Clients enjoy the company of workers
- Clients may not accept the service straight away
- Clients may be proud to accept the services straight away
- Clients may not understand the concept of aged care or the services
- Clients may not think of themselves as carers
- Clients feel it is their responsibility to care for themselves and others
- Clients may have a fear of talking to strangers.

TIPS

- Build rapport and trust – take little steps at a time.
- Listen actively.
- Do not be judgemental.
- Show empathy.
- Show respect.
- Be patient.



Can you discuss illness?

In some cultures:

- There is no word nor concept to describe certain types of illness (e.g. dementia)
- An entire family can be affected by the illness
- Illness can be seen as a punishment for failure to carry out rituals
- Illness can be seen as consequence of a past misdeed, karma, spell/hex, etc.
- It is taboo to talk about a specific issue (e.g. mental illness, dementia, domestic violence, etc.)
- There is stigma attached to some illness.

TIPS

- Consult with families, what the illness means to the client and to the family, then assess the meaning of the client's illness to the family.
- Be aware of barriers that affect family education.
- Make accurate documentation.
- Note that family plays a significant role in the decision making process.
- Show respect for their decision.
- Ask open-ended questions to gain information about their assumptions and beliefs.

What are the client's beliefs and practices about preventative health?

In some cultures:

- Alternate health approaches will be tried first before Western medicine
- Preventative health approaches can be very broad, e.g. use of Shaman or medicine man through to homeopaths or chiropractors, etc.
- Clients use both herbal medication and prescriptions – there can be a danger in this, e.g. some Papua New Guinean, Indian, Filipino cultures, etc.
- Some people believe that black magic and sorcery can cause death and illness.

TIPS

- Make use of Home Medicine Review and Webster packs in other languages.
- Inform client to ask the GP to use the Doctors Priority Line (TIS).
- Provide information about healthy eating, physical health, chronic disease.
- Encourage client to ask for an interpreter during GP visits (TIS).
- Encourage clients under age 65 with a disability to use interpreting service SWITC.

Further Resources:

www.guild.org.au – type 'home medicine review' in search button
www.betterhealth.vic.gov.au

Did you know that religious practices vary across cultures?

In some cultures:

- Fasting is required of the client
- Special food or drink must be eaten on particular days or time of day or for a specified period
- Giving food or drink to others is required as part of celebrating an important day
- There are rules as to how food is cooked, or how animals are killed for meat
- Other special days of their calendar can be more important than Western special days like Christmas
- Religious days are determined through the use of a different calendar, e.g. Lunar calendar, Orthodox calendar etc.



Each individual whether raised in Australia or overseas is a member of a specific cultural group that affects their own religious and/or health beliefs. They celebrate different cultural and religious days.

For example Muslims fast during the month of Ramadan which lasts from dawn to sunset everyday of that month. They then celebrate Eid during which time they visit family and friends, buy and give gifts and share food together.

Hindus celebrate Deepavali during which time they clean the house, share food, buy gifts for children and spend time with families.

This information can be gained from your clients or their family during the assessment process.

TIPS

- Identify religious practice, beliefs and special events. Ask the client, family members and significant others about special days that are important to them. Celebrate these events with your clients or in the office.

Further Resources:

Diversicare produces a multicultural calendar each year.

Download the calendar and celebrate cultural events each month.

www.diversicare.com.au

www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

www.homeaffairs.gov.au/research-and-statistics/statistics/country-profiles/profiles

www.kwintessential.co.uk/resources/country-profiles.html

Confidentiality:

- Information gathered and things said between you and the client are confidential especially with others from same culture
- For some, confidentiality is important even from some family members.

www.diversicare.com.au

www.agedcare.health.gov.au/publications-and-articles/guides-advice-and-policies/charter-of-care-recipients-rights-and-responsibilities-residential-care

Is there respect for age protocols?**In some cultures:**

- The use of words like “aunty” or “uncle” is seen as a sign of respect
- Some gestures indicate respect (e.g. bowing)
- Adding words to the client’s preferred name either before or after the name shows respect (e.g. Judy Grandma, Grandma Judy)
- It is a sign of respect to use both hands in passing items.

TIPS

- Talk to client and family members to identify cultural practices in relation to respecting age, e.g. an elderly person may prefer to be called aunty or uncle.



What about seating arrangements and distance?

In some cultures:

- Where you sit is specified
- How you sit has protocols (such as feet not pointing towards the person, soles of feet are not to show, etc.) e.g. Indian, Pacific Island cultures
- Sitting face-to-face is inappropriate
- The amount of space between each person is important and varies.

TIPS

- Observe the space between yourself and client.



What do your facial expressions mean?

In some cultures:

- Smiling does not necessarily mean the person agrees with you
- Very little expression is shown although emotions may be felt deeply
- Laughing may be a sign of covering embarrassment.

What about your posture?

In some cultures:

- Slouching is inappropriate
- How the person holds themselves is a sign of status.

Do you make eye contact?

In some cultures:

- Direct eye contact is threatening or taboo
- Too little eye contact can also be impolite.



What about your gestures?

In some cultures:

- Any pointing at people can be inappropriate in some cultures
- Pointing using specific combination of fingers may be offensive or inappropriate
- Showing and pointing the soles of your feet is considered inappropriate
- Touching the person or touching specific parts of the body (e.g. head) is inappropriate
- Nodding the head can mean 'no' in some Asian cultures and 'yes' in some European cultures
- Pointing with the index finger is common in Europe and North America. Pointing is considered rude in some Asian countries (e.g. China, Japan).



TIPS

- If you feel uncomfortable due to the client's indirect eye contact or other gestures, it is advisable to disengage your emotions and keep in mind the cultural context.

What about your tone of voice? How soft or how loud should you speak?

- Do you project your voice?
- If you speak with authority is this appropriate?



What about how you talk?

- How much do you say?
- Should you get straight to the point?
- Do you feel a need to fill in silence?
- Is silence valued in your culture?
- Do you take turns in speaking?
- Do your speech patterns overlap?

TIPS

- Be mindful that there is no need to fill in gaps.
- Certain subjects may be inappropriate to discuss with client; for example, dementia and mental illness are taboo subjects in some Asian cultures.
- What is normal to one person may not be normal to another person within the same culture or even the same family.
- Western cultures alternate in their speech patterns.
- Some Eastern cultures tend to have moments of silence.
- Some cultures tend to have overlapping speech patterns.



CHAPTER 6

Completing your Specified Tasks

What if you are offered refreshments?

In some cultures:

- It is rude to refuse refreshments
- Multiple taking of refreshments is required
- There are protocols about how much you take
- You use both hands to take the refreshments
- You use the right hand only to take refreshments
- Refreshments are to be taken before assessment can be done.

TIPS

- The use of the right hand is significant in the Middle Eastern and Asian countries.
- Food may be passed using right hand only.
- The left hand may be considered unclean.
- Follow your workplace guidelines regarding the acceptance of food.





Did you know there can be cultural protocols about consuming food, drink or meals?

In some cultures:

- How you eat follows cultural protocols (e.g. do you eat first? do you put your hand over mouth, eat with mouth open, etc.)
- What you eat with can vary
- Eating on your own is not the protocol
- When you eat will vary
- The number of meals you eat can vary
- Whether drinks accompany a meal varies
- When the main meal of the day is eaten can vary
- You may have to pass food with both hands (e.g. Japanese, Indian, Chinese etc.)

TIPS

- Follow workplace guidelines regarding the acceptance of food.
- Be aware food can be influenced by religion, e.g.
 - Muslims eat Halal food which is slaughtered in a certain way
 - Practicing Hindus do not eat beef
 - Muslims do not eat pork.
- Find out what food is culturally appropriate to your client.
- Learn about ceremonies before meals.
- You may be expected to take offering of food.
- You may be expected to eat first.
- Talk to your clients, ask questions.
- Attend cross-cultural training.
- Observe your clients to gain a better insight into their religious practice, their likes and dislikes.

www.diversicare.com.au (read Diversicare profile)

Are there other taboos one is at risk of breaching in doing one's tasks?

In some cultures:

- Some gestures towards particular objects are inappropriate (e.g. don't point at or to religious icons)
- Using your feet to move something is inappropriate
- Putting your feet on the furniture is considered extremely rude
- Whistling or finger snapping is rude
- Giving the 'thumbs up' to a person can be inappropriate
- Pouring drinks using a particular container can be seen as rude.

TIPS

- Ask the client before moving or touching any object.

What is the most appropriate way to leave the house?

In some cultures:

- The person will want to see you out and will wait at the door or in the driveway until you have gone (there will be confusion if you wait for them to go inside until you drive away)
- Food is offered for you to take.

TIPS

- It is polite to take the food; however, each organisation has their own policy in place. Follow organisations' guidelines and if you cannot accept food, explain the reason in brief to your client.

Are there protocols about how to farewell the client and others?

In some cultures:

- NOT saying, "have a good day/afternoon/night" when leaving is seen as rude.

TIPS

- Follow your clients' cues.
- Learn some words in your clients' language.
- Learn the greetings! Learn the goodbye rituals!
- Ask your clients about this information; they are the experts in their lives.
- Also be aware about what is acceptable in terms of discussing faith.
- Attend cross-cultural training.



CHAPTER 7

After your Visit with your New Client

Have you given the client information about your service?

Also provide information in the client's language.

Have you given the client information about the different service types?

Inform the client in areas of significance to them, e.g. social support, transport, etc.

www.dss.gov.au

Have you provided information about the New Single Charter & Aged Care Rights effective 1st July 2019?

- Providers have responsibilities to support consumers to understand the new Charter
- From 1 July 2019, providers must give consumers a copy of the new Charter signed by the provider, and ensure that the consumer or their authorised person has been given a reasonable opportunity to sign a copy of the Charter.
- The purpose of requesting the consumer's signature is to allow them to acknowledge they have received the Charter and had assistance to understand it. Consumers are not required to sign the Charter and can commence, and/or continue to receive care and services, even if they choose not to sign the Charter.

www.agedcare.health.gov.au/quality/single-charter-of-aged-care-rights

Is your organisation compliant?

According to the new Aged Care Quality Standards, it is essential for organisations to address cultural diversity.

Is your client aware of the process in making a complaint?

Inform your clients of how to use your organisation's information process in making a complaint. The Aged Care Complaints Scheme provides a free service for anyone to raise a concern about the quality of care and services provided to people receiving Australian Government subsidised aged care.

Any person can make a complaint, including the care recipient who experienced a problem, partners, family members and friends of the client.

Making a Complaint

www.myagedcare.gov.au/financial-and-legal/how-make-complaint

www.communities.qld.gov.au/about-us/customer-service-compliments-complaints

www.agedcarecomplaints.gov.au

Advocacy

If a client is concerned about a service, you can refer the person to the National Aged Care Advocacy Freecall Line: **1800 700 600**

(Be aware that the client may not understand the concept of advocacy and may need an explanation.)

The Universal Declaration of Human Rights covers civil, political economic social and cultural rights. All this equates to providing consumers with a standard of living which safeguards human dignity.

This Declaration is an expression of the fundamental values which are shared by all members of the international community, and has shaped the development of international human rights law. State and Federal Government legislation reform aims to further the achievement of human rights for all Australians.

A note about recent Aged Care Reforms

Australia's population is ageing. Although there is an increase in chronic disease among the elderly, advances in medicine enable people to live longer. The Department of Health is addressing the limitations of the current aged care system by implementing the aged care reform. The reforms are implemented to give people easier access to services, with more choice for better care.

According to the Institute of Health and Ageing, the CALD population is ageing at a faster rate than their non-CALD Australian counterpart. More and more people of CALD backgrounds require access to home care services, and yet statistics show that they are not accessing services proportionally.

Providing CALD consumers with accurate information about aged care increases their awareness and their ability to access the services they need.

Consumers will need to contact My Aged Care on **1800 200 422** or My Aged Care website www.myagedcare.gov.au.

My Aged Care allows consumers easy access to aged care services. Although interpreter services are available, some consumers may still struggle in making the initial contact through My Aged Care.

It is important for your organisation to be able to provide information in the client's language. Please note some CALD consumers may prefer to use English.

The Department of Health and My Aged Care websites provide you with a good overview of the Commonwealth Home Support Programme (CHSP). The My Aged Care website also provides a range of language brochures about the CHSP.

Useful Contacts and Links

Diversicare

Cultural profiles, cultural calendar, cultural briefings, posters, and many other tools and resources
www.diversicare.com.au

Centre for Cultural Diversity in Aged Care

Cultural profiles and many other tools and resources - please look up quick find box on right of screen
www.culturaldiversity.com.au

Culture Crossing

Covers a range of topics: e.g. gestures, taboos, communication with every culture in the world
www.culturecrossing.net

Countries and Their Cultures

www.everyculture.com

New Internationalist Magazine Country Profiles

www.newint.org (search for country profiles)

Calendar of Cultural and Religious Dates

www.harmony.gov.au/events/calendar/

Provides multicultural and multilingual resources

www.amf.net.au

www.rdns.com.au/services-we-provide/information-in-other-languages

National aged care strategy for people of CALD backgrounds

www.dss.gov.au/sites/default/files/documents/08_2014/national_ageing_and_aged_care_strategy_cald_orig.pdf

Cultural Profiles project – www.mac.org.au

Many online resources and publications are available including:

- Dementia in other languages
www.fightdementia.org.au/understanding-dementia/information-in-other-languages.aspx
- Incontinence in other languages www.continence.org.au/other-languages.php
- Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds
www.fecca.org.au
- Reports, resources, discussion papers www.eccq.com.au

Other documents include:

- Multilingual publications relating to aged care
www.myagedcare.gov.au/other-languages
- Australia's Multicultural Palliative Care Guidelines
www.grpct.com.au/wp/wp-content/uploads/CALD-Multicultural-palliative-care-guidelines-2000.pdf

Useful Contacts and Links

My Aged Care

The Australian Government service for helping consumers to find the aged care they need. The bottom link provides information on working with CALD consumers.

Phone 1800 200 422 www.myagedcare.com.au

www.myagedcare.gov.au/eligibility-diverse-needs/culturally-and-linguistically-diverse-people

Dept of Health Commonwealth Home Support Programme (CHSP)

Important resource for service providers outlining changes in the aged care industry as 1 July 2015. The CHSP aims to streamline access to entry-level services, provide a standardised national assessment process, and increase focus on *restorative approach, wellness and reablement*.

www.agedcare.health.gov.au/programs/commonwealth-home-support-programme/resources

CHSP Good Practice Guide for Restorative Care Approaches

www.agedcare.health.gov.au/sites/g/files/net1426/f/documents/06_2015/good_practice_guide_version_web_accessible_pdf.pdf

Home Care Today

Provides support for aged and community care providers and consumers as they begin to implement consumer directed care (CDC) across their organisations.

Phone 03 9909 7910 www.homecaretoday.org.au

Leading Age Services Australia – Represents all industry participants.

National www.lasa.asn.au Queensland www.qld.lasa.asn.au

COTA Queensland – www.cotaqld.org.au/programs_events/peer-education-program

Community organisations can access interpreter or translator services and reading resources regarding the use of interpreters:

- Support With Interpreting, Translation and Communication (SWITC) for Community Care and Disability Services as well as deaf services:-
bookings.switc.org.au
- Telephone Interpreter Service (TIS) for Aged Care, Community Care and Health Services:-
www.tisnational.gov.au
- The National Accreditation Authority for Translators and Interpreters Ltd (NAATI) is the national standards and accreditation body for translators and interpreters in Australia. It is the only agency to issue accreditations for practitioners who wish to work in this profession in Australia:-
www.naati.com.au
Other services:-
- www.ausit.org
- www.health.qld.gov.au/multicultural/public/aged_care.asp
- www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/making-the-connection-chapter-3-language-lessons

Useful Contacts and Links

Resources for service providers including guidelines, fact sheets, videos and other resources for aged care service providers are available on the Department of Health website.

Subscribe to receive regular email updates from the department for aged care service providers. Read more about approved providers including how to become an approved provider.

A number of printed publications are available also on this site at:

www.agedcare.health.gov.au/publications-and-articles/booklets-brochures-and-printed-materials#industry



More online health resources, hotlines and helplines are available including:

HealthDirect Australia Freecall 1800 022 022 www.healthdirect.gov.au/contact-us

Palliative Care Australia Phone 02 6232 4433 <https://palliativecare.org.au>

Palliative Care Queensland Freecall 1800 660 055 www.palliativecareqld.org.au

National Palliative Care Services Directory <https://palliativecare.org.au/AboutPalliativeCare/DirectoryofServices.aspx>

National Continence Helpline Freecall 1800 33 00 66 www.continence.org.au

Mental Health Hotline Queensland Phone 13 HEALTH (13 43 25 84) www.health.qld.gov.au/13health

SANE Helpline Freecall 1800 18 SANE (7263) www.sane.org

Mindspot Clinic Freecall 1800 61 44 34 www.mindspot.org.au

Mind Health Connect www.mindhealthconnect.org.au

National Dementia Hotline Freecall 1800 100 500 www.fightdementia.org.au

Arthritis Queensland Helpline Freecall 1800 011 041 www.arthritis.org.au

Diabetes Australia Infoline 1300 136 588 www.diabetesaustralia.com.au

Heart Foundation Infoline 1300 36 27 87 www.heartfoundation.org.au

Kidney Health Australia Freecall 1800 454 363 www.kidney.org.au

Carers Australia – Short-term counselling and emotional support services for carers and their families in each state and territory. Freecall 1800 242 636 www.carersaustralia.com.au

Mental Health Australia Blueprint for Action www.mhaustralia.org/submission/blueprint-action-mental-health

Alzheimer's and Dementia Resources www.alz.org/au

Free Cross-Cultural Training with MAS

Why does cross-cultural training benefit your organisation?

Firstly, it fulfils your legal requirement.

Ensure that your consumers' needs are being met in accordance with legislation around equal opportunity and anti-discrimination – both direct and indirect. A single complaint can cost an organisation as much as \$25,000 before it even hits the justice system.

Secondly, it grows your business.

Demand from the ageing and disability Culturally and Linguistically Diverse (CALD) population increases yearly. Those care organisations which are best equipped to service this consumer base will see business increase.

Thirdly, it improves your workplace.

Applying the training will develop stronger team dynamics and improve relationships with consumers, saving time and money.

How is the cross-cultural training delivered?

1. Contact your local Multicultural Advisory Service (MAS) officer (see back of booklet).
2. The MAS will provide **FREE** training tailored to meet your organisation's needs.
3. A Certificate of Participation is provided to all your staff who are involved in training.
4. The MAS then **partners with you to promote your services** to CALD consumers.

What training topics are available?

Cultural Awareness – trains staff on how culture affects perceptions, assumptions and worldviews.

Cross Cultural Communication – shows how culture influences communication, and provides strategies for effective cross-cultural communication.

Cultural Competence – shows the multiple benefits of a culturally inclusive service, giving strategies to review, monitor and improve workplace practices.

Working Effectively with Interpreters – provides strategies on effective use of interpreters.

Culture and Mental Health – trains staff on how culture and migration experience impact on mental health, so as to influence holistic care.

Culture and End of Life – covers different end of life beliefs to enable staff to give appropriate care.

Culture and Disability – provides cultural perspectives on disability and its impact on CALD consumers.

Culture, Health and Wellbeing – shows how culture influences views on health and treatment.

Working in Culturally Diverse Teams – trains staff to deal with cultural diversity in the workplace.

Cultural Briefings – covers specific cultures, their customs, traditions, values and the ways of life of these CALD communities.

Multiple Ways People are Diverse – explores key concepts and characteristics of diversity using the Diversity Conceptual Model.

Older People, Culture and Trauma – provides strategies to support older CALD consumers who have experienced trauma.

Culture and Dementia - explores how culture influences views on dementia and subsequent care

Multicultural Advisory Service Resources

Published Resources

The Multicultural Advisory Service offers a number of publications to inform members of the community requiring care of the options available to them, and to assist all staff involved in the provision of Queensland Community Care Services, in providing culturally appropriate care.

Our brochures include:



Related Diversicare resources include:



Talk to your local MAS Officer to assist you in creating a Multicultural Static Display.

Multicultural Advisory Service Resources

Diversicare MAS Multicultural Calendar

This calendar contains a wealth of cultural information including dates for significant cultural events in Australia and throughout the world. Contact your MAS office for a printed copy or access online from the calendar link at www.diversicare.com.au/mas



Multicultural Advisory Service CDs





Ethnic Communities
Council of Queensland



Multicultural Advisory Service (MAS) Officers

MAS Statewide Team Leader

PO Box 246 Thuringowa QLD 4817
Mobile: 0407 045 203
j.fraser@diversicare.com.au

Brisbane Region

PO Box 5199 West End QLD 4101
Mobile: 0413 512 967
mas.brisbanesouth@diversicare.com.au

Sunshine Coast Region

PO Box 1063 Caloundra QLD 4551
Mobile: 0447 721 968
mas.sunshine@diversicare.com.au

North Queensland Region - Training

PO Box 246 Thuringowa QLD 4817
Phone: 0407 045 203
mas.northern@diversicare.com.au

Gold Coast Region

PO Box 5199 West End QLD 4101
Mobile: 0431 017 943
mas.goldcoast@diversicare.com.au

Logan/West Moreton Rural & Remote Regions

PO Box 9522 Wilsonton QLD 4350
Mobile: 0434 254 812
mas.westmoreton@diversicare.com.au

Cairns Peninsula Region

PO Box 347 Earville QLD 4870
Mobile: 0432 322 154
mas.peninsula@diversicare.com.au

Multicultural Community Officer

PO Box 246 Thuringowa QLD 4817
Mobile: 0428 332 965
cald.tsv@diversicare.com.au

Diversicare Head Office

49-51 Thomas Street, West End, Brisbane
PO Box 5199, West End QLD 4101
Phone: 1300 DIVERSE or 1300 348 377
info@diversicare.com.au

Information, Education & Training Support Officer

PO Box 246 Thuringowa QLD 4817
Phone: (07) 4723 1470
mcma-amo@diversicare.com.au

www.diversicare.com.au/mas