

Carmen Sanchez

**Royal commission into Aged Care Quality and Safety
Aged Care Program Redesign: Services for the Future – Consultation Paper 1, December 2019**

I wish to provide comments in response to **question 8 - Designing for diversity**

Issue:

In Australian residential age care facilities (RACF), residents may have multiple cultures and languages. It is important that the staff of those facilities are culturally competent and, where possible, reflect this diversity.

Many staff in RACF's have English as their second language. This has an effect on the efficacy of the training and education that is provided and leads to lack of initiative for further personal and professional development. Currently, for these staff members there is a lack of access to training facilities in their first language in all aspects of their work. This effects their knowledge, and further understanding of the importance of evidence based practice and critical reasoning skills which are all considered necessary to deliver high quality care.

Chen & Boore, 2010, state that translating a language in healthcare is more than just the words but the structure of the culture.

Recommendation:

How can we enhance their knowledge without this language barriers?

By enhancing education and culturally safe care, to ensure access in multiple languages of international online education programs and material. This will significantly help to bypass the language barrier for staff where English is not their first language.

Culturally appropriate online education would also promote greater understanding and provide solutions on some cultural specific problems such as food, values and belief and traditions.

How can we be confident that the quality of the education would match the high standard of Australia?

Australia can collaborate and create accredited international courses that run in various languages from countries that have sound education in palliative care programs such as Taiwan, Hong Kong, Singapore, and Montreal Canada for French speaking care workers.

Also, working together with the European Association of Palliative Care, Asia Pacific Hospice Palliative Care Network and Palliative Care Australia to ensure the quality is current and appropriate for Australian residential care settings.

This idea can extend beyond palliative care.

Regards,

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Reference:

Chen & Boore (2010), Translation and back-translation in qualitative nursing research: methodological review *Journal of clinical nursing*. 19(1-2):234-239.

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Biography

Carmen Sanchez is a Nurse Practitioner in palliative care at Calvary Healthcare Kogarah in Sydney. She had worked in Community Palliative Nursing, Motor Neurone Disease and currently providing palliative care in RACF using Calvary Palliative Care Needs Round care model. Carmen graduated from Sydney University with a BA in Nursing and then moved to the UK where she lived and worked for 10 years followed by 2 years in Adelaide before returned back to Sydney. She completed a BA Science in Palliative Care and Registered Manager Award in Hertfordshire University, UK and graduated from the Master in Nursing, Nurse Practitioner at the University of Newcastle. She worked in number of hospices in both the UK and Australia, including the Mary Potter Hospice, Calvary North in Adelaide. Carmen speaks English, Cantonese and Mandarin and she continue to teach and participate in research projects that promote palliative care in CALD groups and palliative care in aged care setting.