

## Effective Co-design with Consumers from Culturally and Linguistically Diverse Backgrounds

The Australian aged care system and the Aged Care Quality Standards place an emphasis on consumer centred care, ongoing planning with consumers and providing opportunities for consumers to provide feedback to the aged care systems about their quality of care. For care to be consumer centred and responsive, co-designing services with older people is essential.

### What is Co-design?

Co-Design is about **designing and delivering services in a partnership** – an equal and reciprocal relationship – between service providers and the people using those services (consumers). Often their carers, families and others in their community are involved in the co-design process. Co-design is not about consultation only rather it involves co-creating and co-designing services with consumers.

Co-design:

- Helps **empower consumers** by seeking their feedback and viewpoints on how services should change or adapt to meet their needs and improving outcomes for them.
- Provides opportunities and platforms for **consumers to have a say** and then working closely with them throughout the process of designing services to develop and test creative solutions.
- Can occur at a **number of levels** including the individual, service, facility, and policy level.

As approximately a third of the Australian population aged 65 and over are from culturally and linguistically diverse backgrounds, it is critical that co-design proactively involves consumers from culturally and linguistically diverse backgrounds with a view to ensuring quality care and culturally appropriate service delivery.

Co-designing services with diverse older people involves careful consideration around addressing the barriers to engagement and consumer participation.

# Practice guide

## Key considerations

When co-designing services with older people from culturally and linguistically diverse backgrounds it is important to adopt culturally sensitive approaches. Some key considerations are mentioned below:

- Be mindful that it takes time and resources to **build trust**. Some migrant communities lack trust in the service system due to systemic discrimination felt and experienced in their home country and in Australia and traumatic life experiences (e.g. having a refugee experience).
- **Create a safe space** where their culture, language, religion, spirituality and overall diversity is respected, nourished, and catered for. Engage consumers at places where they feel comfortable. Examples are the local community or cultural centres, their homes, ethno-specific agencies, ethnic senior citizens club, and multicultural social support groups.
- Ensure that consumers have **access to language supports such as interpreting and translation services** if required. Provide translated materials for any information relayed in written form. When working with interpreters, be mindful to allocate additional time when planning co-design sessions.
- Be mindful of the **health literacy** of consumers you engage with in the co-design process and ensure plain English and accessible language methods are applied if necessary.
- Ensure **intersectionality** is represented in the co-design process. Reach out to diverse consumers from culturally and linguistically diverse backgrounds who represent the 'diversity within diversity'. For example, established and recently arrived migrant communities, older people who identify as lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI) and older people from different faith groups.
- Check with multicultural communities about the sensitivities of certain health and ageing related topics and be aware of **potential taboos and stigma**.
- Consult with a range of stakeholders such as multilingual community leaders, diversity subject matter experts, culturally diverse organisations and ethnic senior citizens clubs to help facilitate engagement. Consultation with these stakeholders must occur throughout the whole co-design process, from the beginning to the end.
- Tap into the experience, strengths and skills of consumers to inform all stages of the co-design project.
- Ensure staff involved in the consultation are trained to work with culturally and linguistically diverse consumers and that the **multilingual skills of staff are appropriately resourced**.

## Good practice stories

### **Bolton Clarke's cultural food initiative**

Bolton Clarke's aged care home in Westmead, Sydney is serving the flavours of home to residents from more than 20 different cultural backgrounds. The on-demand initiative includes daily fresh cooked meals including at least one cultural dish, an on-demand menu of ten cultural appropriate meals pre-cooked and snap frozen on site. The menu was co-designed with residents from 23 cultural backgrounds to meet their cultural needs in relation to food and nutrition. Dishes on the menu reflect culturally appropriate recipes including chermoula fish with Moroccan beans, tandoori chicken with mint yoghurt dressing, nasi goreng and lamb osso buco.

The aged care home has also co-designed its food program with residents and families to implement a process to support safe food storage for families who want to bring in home cooked meals. Bolton Clarke is looking to expanding this initiative to other homes based on preferences of residents in each community.

### **Moving Pictures: Raising dementia awareness in culturally and linguistically diverse communities**

The National Ageing Research Institute (NARI) led the Moving Pictures project from 2017-2021. The Moving Pictures project aimed to raise awareness of dementia in culturally and linguistically diverse communities. The project developed 28 short films and nine comics across nine languages.

The project was conducted in two stages. The first stage focused on Hindi, Tamil, Arabic, Cantonese, and Mandarin speaking communities and the second stage focused on the Italian, Greek, Spanish, and Vietnamese speaking communities. Resources were informed by more than 150 video interviews with family, carers, service providers and experts about their experiences with dementia.

Across all languages, three storyboards were developed based on interview data. This was followed by co-designing workshops with the project steering committee, consumers and representatives from each community. Based on storyboards, pilot films were cut and interview participants were invited to provide feedback online.

# Practice guide

## Useful Resources

[An introduction to co-design, consumer engagement and design thinking with the example of a co-design project approach with Australian Multicultural Community Services \(AMCS\)](#)

Impacto Consulting

[Co-designing aged care](#)

National Seniors Australia

[Cultural appropriate food initiative](#)

Bolton Clarke

[Cultural responsiveness project](#)

Palliative Care Victoria

[Dementia awareness for CALD communities – Moving Pictures](#)

National Ageing Research Institute

[Elder abuse prevention project](#)

Ethnic Communities' Council of Victoria

[Emerging ageing co-design report](#)

Ethnic Communities' Council of Victoria

[Translated consumer feedback forms](#)

Centre for Cultural Diversity in Ageing

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