

To the Commission

**RE: The Productivity Commission's Public Inquiry into Caring for Older Australians**

Thank you for the opportunity to make a submission to the public inquiry into Caring for Older Australians.

Founded in 1978, the Independent Living Centre of WA (ILC) is a not for profit organisation providing a free, state wide information and advisory service designed to help people from the community with care needs make informed decisions to better retain their independence.

Our services include:

- Unbiased and professional advice in choosing the most appropriate assistive technology and equipment
- A display showroom of thousands of helpful products for trial
- An up to date and comprehensive database of assistive technology and equipment
- Equipment for hire
- Country and metro outreach showcasing various assistive technology and equipment
- Education and training by qualified occupational therapists
- Equipment grants and Occupational Therapy Driver assessment service
- A specialist communication service
- The North Metro Respite and Carelink Centre – an information and advisory service linking people from the community, especially consumers and carers to a range of community services to address specific care needs via a free call number in the north metro region of Perth.
  - This service also funds respite options for carers in the north metro region by brokering services from community providers and residential care facilities.
- The Multicultural Aged Care Service (MACS) – an information service designed to educate, support and partner aged care providers and people from culturally diverse communities to meet the diverse needs of older people.

***This submission has been prepared by the Independent Living Centre of WA's Multicultural Aged Care Service (ILC MACS).***

ILC MACS is one of eight national Partners in Culturally Appropriate Care (PICAC) organisations funded by the Australian Government, Department of Health and Ageing.

ILC MACS provides information, education and research to:

- Promote access to, and choices of residential and community aged care services for older people from culturally and linguistically diverse backgrounds.
- Assist aged care providers plan and establish best practice in the delivery of culturally appropriate services.
- Deliver cultural diversity training, resources and support to aged care service providers.
- Foster partnerships between government, the aged care industry, health professionals and culturally and linguistically diverse communities.

As such, ILC MACS has a vested interest in the inquiry into Caring for Older Australians as this is our core client group.

ILC MACS is supportive of the Public Commission's inquiry into improving the current system for Caring for Older Australians. However, with our focus being primarily on the needs of people from a culturally and linguistically diverse (CALD) background, there are a number of issues that we would like to highlight for consideration.

### **1. Changing demographics**

According to The Australian Institute of Health and Welfare's (AIHW) report, "Projections of older immigrants – People from culturally and linguistically diverse backgrounds, 1996 – 2026, Australia".

- 22.5% of Older People will be from CALD backgrounds by 2011
- This is a growth rate of 66% compared to 23% for the Australian-born older population
- 1 in 5 people aged 80 and over will be from a CALD background by 2011
- By 2026, this will increase to 1 in 4 people.

This signifies a marked shift in the make up of the client population that will be accessing or needing aged care services in the very near future and has not been mentioned in the Productivity Commission Issues Paper. Whilst there has been a concerted effort by government and the sector to be aware of and respond to the needs of older people from CALD backgrounds in aged care service delivery, there remains much to be achieved from all aspects of the aged care sector to be more culturally appropriate.

This issue is further compounded by the fact that the predominant CALD community group that may be accessing aged care at any given time will change with time. As such, aged care services need to be vigilant about continually learning about the cultural needs and norms of new and emerging community groups. In addition the increased emphasis on delivery care in the community will impact upon service delivery models and workforce.

### **2. Clusters in Residential Aged Care Facilities**

The benefits of cultural clusters in residential aged care facilities are well established, as are the difficulties associated with setting one up and maintaining its efficacy (Gallegos & Bunn, 2008). However, despite the government's endorsement of the establishment of clusters as a means to maximise a facility's capacity to provide culturally appropriate care, there remains little support in the ways of resources or funding. This reduces the incentive for residential facilities to undergo the costly process of setting up a cluster, as there are implications for staffing, equipment, meal preparation, space allocation and client selection (ACSA, July 2007).

If the government is serious about supporting clustering as a means of providing culturally appropriate care, there needs to be a correlating commitment to supporting the aged care sector to achieve these by adequate resourcing, funding and recognition of the investment made by the facility.

### **3. Sustainable Workforce**

The issues related to maintaining a skilled and committed workforce within the aged care sector is well documented (ACSA, 2007). Western Australia experienced a major crisis in recent boom years with recruiting and retaining trained and qualified staff to service the aged care sector. The poor pay and often difficult working conditions are disincentives to people to enter and remain in the aged care sector.

People from CALD communities often find employment in the aged care sector and have been identified as a potential pool for staff recruitment. However, the positions undertaken by this cohort are often those of the lesser skilled and lower level type. Bearing in mind that a more culturally and linguistically diverse staff would be a key component in a service's ability to provide culturally appropriate care, there needs to be more concerted campaigns by the aged care sector to recruit CALD staff but also to provide the relevant training and professional development. In order to achieve this, funding and policy support from the various government department stakeholders, including Department of Immigration and Citizenship (DIAC), Department of Health and Ageing (DoHA) and Department of Education, Employment and Workplace Relations (DEEWR) need to be allocated and maintained.

### **4. Service Availability**

The majority of care to the elderly is provided by family members and friends in the home, either by choice or necessity. There is little doubt that the number of care packages available to the elderly in the community (HACC, CACP, EACH and EACH-D) is inadequate to meet current needs. This is a greater issue for older people from CALD backgrounds who may need specialised services or care workers with particular cultural and language capabilities.

In addition, the anecdotal feedback from service providers in the field, is that most clients seem to present as needing aged care services towards the higher end of the care needs spectrum. That is clients are mostly presenting for assessment when they are already eligible for an EACH package or residential care. There seems to be resilience amongst the aged population, especially the CALD communities, of trying to manage as much as possible without support services, such as HACC or even CACPs, until the care needs of the client outweigh the capacity of the family carers to provide that care.

Unfortunately, there are not enough EACH or EACH-D packages or residential placements available to service these clients. Often they may be given a CACP just so that they are receiving some support, however inadequate to cater to their needs. Regrettably, this can mean that these clients remain on CACPs and are not moved on to more appropriate packages or residential care as they are seen to be serviced and coping.

The availability of CALD specific EACH packages is new to Western Australia, with Home Care Options securing 40 CALD EACH packages across the metro region in early 2010. Already there is a waiting list for these packages in the CALD community and the provider is keen for more packages to address this need. As such, a conscious commitment and awareness to the needs of older people from CALD backgrounds is needed by the government, especially when it comes to designing

and approving packages during the tender process. Further thought may also be needed in the spread of packages, such that there may be a greater call for packages catering to the higher end of the care spectrum (EACH and EACH-D) rather than at HACC and CACP level.

### **5. Information Dissemination**

Many older people from CALD communities are unfamiliar with the aged care system, with some cultural norms dictating that care is provided by family within the home and with little outside support. As such, there is a need for improved dissemination of information about aged care options to older people from different CALD communities, in a language and context that is appropriate to them.

ILC MACS works in partnership with the Community Partners Program providers to ensure that various CALD community groups have access to information about aged care services and options, either via forums with interpreters or translated materials. Continued funding and support by Department of Health and Ageing for the Partners in Culturally Appropriate Care (PICAC) and Community Partners Program (CPP) will be crucial in enabling older people from CALD communities to make informed decisions about their aged care options.

### **6. Transition Issues**

A similar focus on staffing and package development also needs to be placed on transition of care, as some of the cultural responsiveness may be lost or gained when moving from one level of aged care to another. An example is when an older person from a particular CALD background who has been serviced by a CACP with a care worker from the same background is moved on to an EACH package due to increased care needs. Unfortunately, due to the nature of skills level required in staff delivering EACH packages, the older person may no longer have a staff member providing their care that can speak their language or is aware of their spiritual needs. This can lead to emotional distress in the older person and possible resistance to the service, and may hasten the client's entry into residential care. As such, transition issues in older people from CALD backgrounds may potentially be more complex than for the mainstream aged population.

### **7. Improvement in Care Technologies**

There is a suite of emerging technologies that will offer the prospect of enhanced security, safety, diagnosis, treatment and physical assistance to improve the quality of life for older people, helping them remain in their home and provide financial savings in aged care and medical treatment. The provision of Assistive Technology and equipment, Telecare and Telehealth systems are not adequately integrated into current models of service delivery for older people and will require an injection of government funds and associated policy development in this area in order to harness the benefits that can potentially be derived for the consumer, families and service providers. Consistent with the issues raised in ILC's submission on Caring for Older Australians, members of culturally diverse communities will face even greater barriers to embracing assistive technology and the benefits of independence and wellbeing that can be gained.

These are some of the issues around caring for older Australians, particularly those from a CALD background that ILC MACS would like to highlight for the Commission's consideration. We are keen to remain involved with the consultation process for the public inquiry and can be contacted via the below avenues for further discussion.

Thank you again for the opportunity to present our views and concerns.

Regards

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## References

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