



Caring for the Older Polish Community in Victoria Submission to the Productivity Commission Inquiry: Caring for Older Australians July 2010

The Polish population in Victoria is an ageing one. The first main wave of migration took place post World War II when 60,000 Poles came to Australia as Displaced Persons. Due to the communist regime in Poland following WWII, migration from Poland was severely restricted. The second main wave occurred in the 1980s when a further 20,000 Poles entered Australia under the Special Humanitarian Program. Poles are the largest refugee population to ever arrive in Australia. Victoria currently has a population of approximately 18,500 people who identify their country of birth as Poland. The same number identify Polish as their predominant language at home. 48,000 Victorians identify as having Polish origins (2006 Census).

The Polish community in Victoria is located throughout the metropolitan area and in three main regional centres (Ballarat, Geelong & Morwell). The larger metropolitan populations are predominant in the Cities of Brimbank and Greater Dandenong with others spread throughout the metropolitan area. Younger family units are progressively settling in the growth corridor areas, particularly Melton, Wyndham and Casey. 39 percent of the Victorian Polish community is over 65 years of age. The Polish community in Victoria and Australia currently has the second largest non-English speaking background population aged 75 years and over. Many people from the second wave of migration are now in their fifties and early sixties. (37 percent of the Polish population in Victoria is aged 45 – 64 in the 2006 census).

Australian Polish Community Services (APCS) provides a range of funded and unfunded support to the ageing Polish community in Victoria, including:

- Community Aged Care Packages
- Volunteer Coordination (in both residential aged care settings and the community)
- Social Support
- Community Partners Program
- Support to access services
- Planned Activity Groups
- Conversational English Classes
- Computer classes
- Support to Polish Senior Citizens Clubs

Identification of issues in relation to access to services for the Polish aged & ageing population:

- First contact with aged care services often occurs at crisis stage
- There has often not been any prior contact with the service system that results in a lack of understanding about how the system works
- There is a general preference for services that are culturally & linguistically responsive & appropriate
- High usage of HACC funded social support services as these are delivered by Polish agencies
- Underutilisation of other HACC services – lack of knowledge of availability of services and reluctance to take on services where they are not engaging with someone who speaks their language / has an understanding of their culture
- Underutilisation of HACC Allied Health Services due to lack of knowledge / awareness of what services are available and how to access them



- Underutilisation of respite services due to perceived or real lack of culturally and linguistically appropriate service provision and staffing
- Underutilisation of carer support services due to perceived or real lack of culturally and linguistically appropriate service provision
- Underutilisation of palliative care / end of life services / grief & bereavement services due to perceived or real lack of culturally and linguistically appropriate service provision and staffing
- Underutilisation of dementia services, such as the Behaviour Management Service, due to perceived or real lack of culturally and linguistically appropriate service provision and staffing
- Reluctance to move from Community Aged Care Packages (CACP) to Extended Aged Care at Home (EACH) or EACH-Dementia packages as it requires a change of service provider including new case manager and support workers who are often not Polish. There is also a reluctance due to the lack of continuity of care that results
- Lack of flexible care packages that are available for uptake
- There is a strong preference for support services that allows the individual to remain in their own home as opposed to having to go to external services (eg. respite in other locations, residential aged care facilities, etc)
- Lack of low income places in residential aged care – the majority of the Polish community is not in the position to contribute to high cost bonds, etc so this makes access to services, when they are required, more difficult
- Lack of utilisation of interpreter services / provision of appropriately translated materials to enable effective engagement between the aged Polish care recipient and service providers
- Inconsistency between Aged Care Assessment Services as to what constitutes eligibility – eg. level of required care deemed eligible for CACP in 3 metropolitan regions are continually assessed as ineligible in the fourth metropolitan region
- Attempts to improve access to culturally and linguistically responsive services for the Polish community through the development of partnerships are often not successful. This results from agencies requesting that we work together for the purposes of attracting funding but then failing to follow through when the funding is successful. As a result, there is often no improvement in the access to culturally and linguistically responsive services for older members of the Polish community.