

**SUBMISSION MADE TO THE
PRODUCTIVITY COMMISSION
INQUIRY INTO AGED CARE
MADE BY UKRAINIAN ELDERLY PEOPLE'S HOME
DELAHEY, VICTORIA**

July 2010

EXECUTIVE SUMMARY:

MADE BY UKRAINIAN ELDERLY PEOPLE'S HOME DELAHEY, VICTORIA

The Ukrainian Elderly People's Home (UEPH) is a culturally specific aged care and retirement village organisation founded by the local Ukrainian community of Melbourne. The sole mandate of the organisation is to ensure the care and nurture of the elderly from Ukraine and other eastern European cultures such as Poland, Yugoslavia, Russia, Belarussia etc). The organisation commenced operation in 1992 to care for the elderly, many of whom arrived in Australia after World War II having been subjected to conditions of the war and communist rule.

UEPH provides specific care that is aligned to the people's background and offers a place where they feel safe, secure and at home. UEPH is unique in its ability to offer specific linguistic and culturally appropriate care services. Mainstream facilities and services would be challenged to meet the quality of care delivered by UEPH due to their size and inadequate access to culturally specific resources that are imperative in meeting the needs of migrant groups such as those residing at UEPH.

In reviewing the current Aged Care system the Commission needs to keep three elements in mind to ensure that specific culturally appropriate care and services continue to be made available to the elderly who migrated to Australia many years ago.

1. These people, whilst they are Australian, have very strong cultural ties to their 'mother' country and at a late stage of life these connections become even more important to them. It is imperative that a safe and secure connection to their cultural heritage is maintained via an extension of the local ethnic community including the ability for them to practise their strong faith and religious beliefs.
2. The care of these people, within a culturally specific setting, has many advantages, not only to them, but to their families and the community that surrounds them. This is evident in the way that elderly people from a specific culturally background exhibit behaviours when outside of their group which they would not normally exhibit when they are amongst their own people. This is one area where mainstream age care is unable to provide appropriate care and in many cases the cost of care of people from culturally specific background (in mainstream care) is often higher, due to their an increase in the inability of the elderly to express their feelings, be understood and having to live in an alien environment.
3. People from a cultural diverse background have a moral right to be cared for in their latter years in the most appropriate setting for them.

Therefore, in any adjustment to the current aged care system the Commission needs to consider that the ageing population should be catered for in the most appropriate manner. This needs to be recognised as a primary need for those who require culturally specific care so their lives are enriched in their later life.

One example of this is that over the next 10 years the percentage of people over the age of 80 within the catchment where UEPH provides care will consist of approximately 75% of people from an Non English Speaking Background, with a large group of these people having come from the Ukrainian background and surrounding regions.

The other point that needs to be considered in making any adjustments to the aged care system is the three future time horizons which will exist over the next 40 years.

The first horizon is the next 5 to 8 years where the current pressures of culturally specific care will increase significantly. This will be mainly in the area of residential care, be it independent or assisted living.

The second horizon is that the period from 8 to 20 years into the future which will require a mixture of options for culturally specific care, but will still be based around the residential models, with some community care.

The third horizon is that beyond 20 years time when the current "baby boomers" generation will commence to access some type of support.

Therefore, in making any decisions about how care of the aged may take place into the future these three horizons has to be taken account of. If the system is changed, now, in order to produce an aged care system which merely looks at the third horizon, and changes are made to accommodate that horizon only, then there will be two sets of aged care recipients who will be entirely neglected. The result will be that current and near future recipients of care are likely to receive inappropriate and inadequate care that is not aligned to their needs.

It is therefore suggested that any changes to the aged care system reflect the needs of the "now" and take account of the needs of the near future rather than the longer term.

For example, if the Aged Care system is developed to simply provide for mainstream care, be it community or residential then people from a culturally diverse background will spend their later life isolated, disconnected and this is likely to cost the government considerably more in funds.

The simple message from this is that "one size does not fit all".

This submission makes recommendations on each terms of reference individually, however UEPH wishes to make five core recommendations in respect to the overall inquiry.

Overall Recommendations:

1. Any changes to the aged care system take account of the three horizons that will apply to an ageing population over the next 40 years.
2. That the Aged Care system recognises the importance of providing culturally specific care, and to this extent, provides appropriate support to small and medium sized organisations in order to offer people from a cultural specific background the level of care appropriate to their needs.
3. The Aged Care system provides the resources to maintain small to medium size organisations with staff that are appropriately trained for the purposes of providing the environment for the elderly from a culturally specific background and are paid a rate that is commensurate to their position in providing this care.
4. Research indicates a significant deficit in culturally specific Northern European residential places, CACP/EACH packages and other community based services in the Western Metropolitan region of Melbourne. This is as a result of the failings of the current aged care planning system and the need for a greater micro approach to ensure appropriate services are available to all people who require them.
5. That the government partners with community based organisations that represent the various culturally specific groups in order to provide the infrastructure and support to meet the needs of these communities and ensure the elderly have access to services that cater for their cultural background.

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Comments and Recommendations related directly to the terms of reference:

Background:

From a historical perspective the Ukrainian born population in Australia are determined to preserve and maintain their cultural, linguistic and spiritual heritage. This determination has resulted from a homeland being fought over for many centuries because it was rich in natural resources. After World War 1 Ukraine was briefly independent, but by 1922 was split between the Soviet Union and Poland. Two disastrous famines followed, and millions more died in World War 11.

Experiences of previous life in a country that was constantly war torn and struggled for its own identity coupled with language barriers and the aging process can often manifest into a variety of challenging behaviours later in life.

UEPH has created an environment whereby the Ukrainian flavour is maintained throughout via embroideries, soft furnishings, Ukrainian artefacts, food, music religious observances etc we have identified that many challenging behaviours subside once amongst familiarity. The frustration of not being able to communicate or be understood is relieved via multi lingual staff. The paranoid thoughts arising from a tumultuous past fade away via a reassuring hand from staff that have an understanding of where our resident's have been.

1. Systematically examine the social, clinical and institutional aspects of aged care in Australia, building on the substantial base of existing reviews into this sector.

Background:

When taking into account the social, clinical and institutional aspects of aged care, consideration must be given to the diverse range of backgrounds that people come from and that the current system of "one size fits all" not only does a disservice to the people who require care, but also fundamentally ignores their journey and the place in which they wish to spend the later stages of their life.

Recommendation:

That the system developed for aged care takes account of the difference in care requirements of the elderly and provides for a flexible system of delivering care, which is able to match the individual and collective needs of the elderly.

This can be achieved through fund allocation to individuals, carers and providers which allows the most appropriate type of care to be provided at the different stages of people's lives, without the need to produce "silos" between care types as currently exists (e.g., High care, low care, community care, etc). The care should be a seamless process which matches the needs of the people, not the needs of a funding system.

Comments and Recommendations related directly to the terms of reference:

2. **Develop regulatory and funding options for residential and community aged care (including services currently delivered under the Home and Community Care program for older people) that:**
 - a. **ensure access (in terms of availability and affordability) to an appropriate standard of aged care for all older people in need, with particular attention given to the means of achieving this in specific needs groups including people living in rural and remote locations, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, and veterans:**

Background:

The very fabric of our facility is unique in its ethnicity and ability to provide a dimension of care that would be difficult to translate elsewhere. The Ukrainian Elderly Peoples Home prides itself on delivering a quality of resident focused care through open communication and participation from the wider community including both internal and external links with churches from both Orthodox and Catholic denominations and various Ukrainian Associations. The current community elders all had a stake in the development of our services and continue to remain involved at various levels.

Recommendation:

That the current system of allocation of resources be reviewed away from “trying to pick winners” and is allocated on a needs basis which takes account of the micro as well as the macro needs of the different groups.

- b. The Commission is specifically requested to examine how well the mainstream service system is meeting the needs of specific needs group.**
 - i. include appropriate planning mechanisms for the provision of aged care services across rural, remote and metropolitan areas and the mix between residential and community care services.

Recommendation:

This would equate to a planning system that was much more on a sub-regional basis and would take account of the needs of people living in rural and remote locations, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, and veterans.

The current system of allocating places and resources is on a macro and sub-regional basis ignores all of the needs of these and other groups.

In line with the recommendation of term of reference 1, funding “allocation to individuals, carers and providers which allows the most appropriate type of care to be provided at the different stages of people’s lives”.

This can be achieved by replacing the currently macro planning system with a micro one that is responsive to the needs of smaller areas and groups of individuals such as culturally specific groups.

Comments and Recommendations related directly to the terms of reference:

- ii. support independence, social participation and social inclusion, including examination of policy, services and infrastructure that support older people remaining in their own homes for longer, participating in the community, and which reduce pressure on the aged care system;**

Background:

Unfortunately this term of reference highlights a gross generalisation (“myth”) that is not shared by all sections of the community. It assumes that people wish to stay in their own homes and ignores the strong cultural bond that exists between many ethnic community groups. In the case of UEPH, and the Ukrainian people of Melbourne and beyond, there are many cultural issues which are ignored. For example, many elderly Ukrainian people do not want to receive services at home from an outsider, but only their own family or their extended Ukrainian family. This often excludes the services available to people, unless of course they are delivered in a culturally appropriate manner by people that have an understanding of where these people have been.

Again, the term of reference relates to a “one size fits all” paradigm which ensures the current aged care system is unable to deliver the most appropriate care to where it is needed.

Recommendation:

That any changes to the aged care system allows the individual to choose the way they wish to receive care on the basis of their background, preferences and within their own cultural, community setting and surrounds

- iii. are based on business models that reflect the forms of care that older people need and want, and that allow providers to generate alternative revenue streams by diversifying their business models into the delivery of other service modalities;**

Recommendation:

Any business model needs to meet the criteria of allowing the most appropriate type of care to the individuals and the community they are part of.

- iv. are consistent with reforms occurring in other health services and take into account technical and allocative efficiency issues, recognising that aged care is an integral part of the health system and that changes in the aged care system have the potential to adversely or positively impact upon demand for other care modalities;**

Background:

The current practices in terms of case management need to be applied to the aged care sector and a more integral approach is needed between the systems.

Recommendation:

That further steps are taken in aligning the two systems.

Comments and Recommendations related directly to the terms of reference:

- v. are financially sustainable for Government and individuals with appropriate levels of private contributions, with transparent financing for services, that reflect the cost of care and provide sufficient revenue to meet quality standards, provide an appropriately skilled and adequately remunerated workforce, and earn a return that will attract the investment, including capital investment, needed to meet future demand. This should take into consideration the separate costs associated with residential services, which include but are not limited to the costs of accommodation and direct care, and services delivered in community settings;

Recommendation:

Refer earlier recommendations which focus on ensuring the individual receives the care needs appropriate to them.

If however, this requires a greater level of funding, then this should be provided in a prudent manner.

- vi. consider the regulatory framework, including options to allow service providers greater flexibility to respond to increasing diversity among older people in terms of their care needs, preferences and financial circumstances, whilst ensuring that care is of an appropriate quality and taking into account the information and market asymmetries that may exist between aged care providers and their frail older clients;

Background:

The current funding arrangement neglects to cater for the person who has lost their spouse and has no significant other in their life. Often this group of people suffers from loneliness, lack of motivation, social isolation and concerns about being on their own. Under the current funding tool there are no grounds for a claim for funding on this basis alone. This creates a gap in the continuum of care.

Recommendation:

Remove the requirement for aged care assessment via ACAS as a condition of receipt of aged care services or entry into residential aged care and allow clients to negotiate their service needs with aged care providers.

- vii. minimise the complexity of the aged care system for clients, their families and providers and provide appropriate financial protections and quality assurance for consumers;

Background:

The system is currently difficult enough to negotiate for those who have an understanding of the English language let alone those from a CALD background.

Recommendation:

Develop a single point of contact that is accessible and marketed to the general population.

Comments and Recommendations related directly to the terms of reference:

- viii. **allow smooth transitions for consumers between different types and levels of aged care, and between aged, primary, acute, sub-acute, disability services and palliative care services, as need determines.**

Recommendation:

Allow for greater flexibility in those permitted to generate interdisciplinary referrals and make it a mandatory condition of annual registration for General Practitioners to have a case load of nursing home residents.

3. Systematically examine the future workforce requirements of the aged care sector, taking into account factors influencing both the supply of and demand for the aged care workforce, and develop options to ensure that the sector has access to a sufficient and appropriately trained workforce.

Background:

Many of our staff are from a Ukrainian background and therefore communist upbringing and some have fled from war torn Bosnia in 1992. Staff turnover is restricted to upper level management, so those at the coal face provide a continuum of care that extends back to the inception of the facility.

Many of our residents migrated to Australia with the displaced persons group and found themselves in migrant camps. Old friendships are often rekindled when meeting at the final stage of life's journey at the Ukrainian Elderly People's Home. This very much engenders a feeling of comradeship amongst our residents who look out for each other. The atmosphere can be assimilated to our own homes the only difference being that this one contains a large family of 47 residents and 45 staff.

Therefore, it is important that we maintain access to a workforce that is able to be empathetic and contribute to the lives of the people who live at Ukrainian Elderly Peoples Home. This can only be maintained with programs that offer incentives to potential workforce and one of these incentives is a fair wage and conditions that are not constrained by the current funding model.

Recommendation:

That a model of funding staff across all areas of care be developed and that this forms part of the basis on which funding is made available to the different areas of care.