

Caring for Older Australians

Submission to the Productivity Commission

Centre for Cultural Diversity in Ageing

7/30/2010

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Caring For Older Australians Productivity Commission Enquiry

July 2010

Centre for Cultural Diversity in Ageing

Aged care context – support for people with special needs

Under the *Aged Care Act 1997*, older people from non-English speaking (culturally and linguistically diverse) backgrounds are identified as a special needs group.

While the Australian population as a whole is ageing, the population of people from culturally and linguistically diverse backgrounds is ageing at a more rapid rate. The Australian Institute of Health and Welfare's (AIHW) report, "Projections of older immigrants - People from culturally and linguistically diverse backgrounds, 1996-2026, Australia" released in May 2001, states that 22.5% of older Australians will be from culturally and linguistically diverse backgrounds by 2011. This reflects a significant growth rate of 66% when compared to the growth rate of 23% for the Australian-born older population.¹

Older people from culturally and linguistically diverse communities are not accessing aged care services commensurate with their proportion of Australia's ageing population. This is evident by their under-representation in the use of residential aged care services.²

The *Aged Care Act 1997*, aims to provide aged care services in a way that best meets the identified needs of the Community. It facilitates access to care irrespective of gender, race culture, language, economic circumstance or geographic location.³

The Act requires all approved providers to demonstrate their understanding of the particular care needs of people from the special needs groups when applying for new community care, residential care (through the Aged Care Approvals Round) or the transfer of places.

Quality of care monitoring is administered nationally and is applicable to all aged care services including community care (Quality Reporting) and residential care (Standards and Accreditation) services.

Anomaly in relation to the provision of culturally and linguistically appropriate services through ethno-specific, multicultural and generalist (or mainstream) services

Ethno-specific and multicultural models of care are in fact not defined in the *Aged Care Act 1997*. Nor, is there a distinction in the Approved Provider status between services that define themselves

¹ Projections of Older Immigrants - People from culturally and linguistically diverse backgrounds, 1996–2026, Australia

² Program Guidelines for the Partners in Culturally Appropriate Care (PICAC) Program, Department of Health and Ageing

³ DoHA website: 2.7 Support for people with special needs

as ethno-specific, multicultural or generalist. Also, there is no available data on the number of ethno-specific or multicultural services.

All aged care providers are categorised by level of care they provide (low or high care) or by the nature of their business status.

It is often assumed that access quality culturally inclusive care is through ethno-specific and multicultural services. However, people from special needs groups 'have access to places allocated to service the needs of the general population'⁴

Current government funded initiatives

Department of Health and Ageing has implemented two key initiatives to support access and the delivery of culturally inclusive aged care in Australia:

- Partners in Culturally Appropriate Care (PICAC) is a program developed in 1997 to support aged care providers in the delivery of culturally appropriate care to people from non-English speaking backgrounds
- Community Partners Program (CPP), commenced in 2005, assists older people from culturally and linguistically diverse communities to gain access to aged care services.⁵

In order to address inequity in access to aged care services, the Department of Health and Ageing ensures that the needs of the elderly from culturally and linguistically diverse backgrounds are addressed through targeting of aged care places and packages in the Aged Care Planning Rounds through the Aged Care Planning and Advisory Committee.

Policy and Strategic Framework

Since the development of the *Ethnic Older Persons Strategy* in 1995, there has not been a review of Government policy in relation to the provision of culturally and linguistically appropriate aged care services. The lack of an 'overarching policy dealing with all aspects of culturally competent aged care and with the sizable increase in the elderly backgrounds requiring services'⁶ has been highlighted by aged care industry. The Federation of Ethnic Communities stresses the importance of 'developing a policy framework that is designed to guide partnership building to ensure that the needs of ageing people from CLDB can be comprehensively addressed'.⁷

Addressing cultural and linguistic diversity in aged care and related health services

The needs of the elderly from culturally and linguistically diverse backgrounds need to be addressed across all services that they may need to access. At present there are inconsistencies with cultural responsiveness across service types. For example, language services are available and funded in health services and not in aged care. There is also a lack of compatible culturally inclusive assessment tools across service types.

As there is no nationally accepted definition of what constitutes culturally inclusive aged care there are difficulties in developing appropriate responses from related services such as palliative care, mental health etc. In *Depression in Multicultural Australia: Policies, research and services* it is

⁴ DoHA website: 2.7 Support for people with special needs

⁵ DoHA website: 2.7 Support for people with special needs

⁶ Aged and Community Services Australia, National Policy Position: *Culturally & Linguistically Diverse Aged and Community Care*, 2006

⁷ FECCA, *Ageing Policy Framework 2007*

highlighted that ‘fundamental reality of the cultural and linguistic diversity of the population has not found its way into the consciousness of policy-makers’⁸

Palliative Care Australia has issued a comprehensive position paper highlighting ‘quality care at the end of life is realised when it is individualised to meet the person’s needs and upholds their preferences which are based on many factors, including individual cultural beliefs’.⁹

The call for adequate resourcing of all services that support the aging migrant communities is also another feature that is raised by advocacy bodies and service providers. Alzheimer’s Australia has looked at the prevalence of dementia among Australian’s who do not speak English at home and they have highlighted ‘these Australians have an equal right to access affordable, quality dementia assessment and care services, which can only be available for them if specialist resources are better developed and more widely known’¹⁰

Access, choice and right to quality aged care services

Elderly from culturally and linguistically diverse backgrounds need be able to access aged care services and be assured that they will receive culturally inclusive care. Criteria used to select an aged care service should be as comprehensive as for all elderly Australians. Then criteria for choosing a service should include:

- the quality of the service provided
- nature and level of support provided
- cultural inclusiveness of service
- personal preference
- family convenience
- continuity of local community networks

Role of partnerships between aged care services and ethnic communities

Over the past 15 years there has been an emphasis on the development of partnerships between ethnic communities and aged care services. The core principles that form the basis of the partnership model seem to be collaboration, consultation and participation.

Unfortunately, there is also the premise that in order for a community to receive culturally inclusive care they need to have entered into a ‘partnership agreement’ with an aged care service. There needs to be a shift that places the onus on the aged care service to meet the needs of all members of their local community irrespective if there is a ‘partnership’.

Effective community participation in the service design and delivery should monitored trough the aged care quality standards.

⁸ *Depression in Multicultural Australia: Policies, research and services; Minas, Klimidis and Kokanovic; 2007*

⁹ Palliative Care Australia *PALLIATIVE CARE AND CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES*, 2010

¹⁰ Alzheimer’s Australia, *Dementia Prevalence & Incidence among Australians who do not speak English at home*; 2006

Recommendations to the Productivity Inquiry into Aged Care from the Centre for Cultural Diversity in Ageing

The Centre for Cultural Diversity in Ageing has been receiving funding from the Department of Health and Ageing through the PICAC and the CPP initiatives since they were introduced. The Centre provides training and support the aged care industry in Victoria. The Centre's website www.culturaldiversity.com.au is key online resources supporting the delivery of culturally inclusive aged care initiatives and multilingual aged care related resources. The Centre has organised a number of state-wide conferences and a only national conference that looked at the provision of culturally inclusive aged care in 2007. The Centre's staff have a wide range of skills related to culturally inclusive policy development, strategic planning, training, resource development, translation and interpreting, conducting community consultations and focus groups, as well as mentoring CPP funded project staff.

The following recommendations are made based on over 40 years combined experience in the development of culturally inclusive initiatives in education, health, community and employment sectors and in aged care.

Recommendation 1

That government develop evidence informed *Culturally Inclusive Aged Care Policy* that can define, guide and inform culturally inclusive service planning, funding and delivery

Recommendation 2

That access to language services is provided to all aged care clients who are unable to articulate their needs and partake in the decisions pertaining to the care they will receive in the English language

Recommendation 3

Develop *National Guidelines for Culturally Inclusive Aged Care Service Delivery*

Recommendation 4

Develop training initiatives at national level to ensure quality and consistency in workforce skill development and culturally inclusive care provision

Recommendation 5

Allocate aged care related research funding that is commensurate with the proportion of elderly from culturally and linguistically diverse backgrounds

Recommendation 6

Develop a comprehensive, nationally uniform communication strategy for culturally and linguistically diverse communities

Recommendation 7

Ensure that the needs of the elderly from culturally and linguistically diverse communities are considered in the development of government initiatives such as research, pilot projects, service satisfaction surveys etc