



Chinese Community Social Services Centre Inc.

(ABN 95 428 365 701)

CCSSCI's Submission to The Productivity Commission Inquiry into the Caring for Older Australians

1. The Chinese Community Social Services Centre Inc. and Its Aged Care Services

The Chinese Community Social Services Centre Inc. (CCSSCI) is the largest non-profit making welfare service provider for the Chinese-Australian community in the State of Victoria. It is a community-based organisation and a registered Public Benevolent Institution governed by a voluntary Board of Management since its incorporation in 1992.

CCSSCI is a major aged care service provider for the Chinese-speaking seniors in the State. It offers the largest Chinese-specific Planned Activity Group Service and a very successful Volunteer Coordination Program funded under the Home and Community Care Program. CCSSCI is the only Chinese-specific Community Aged Care Packages provider with 60 packages in the Eastern Metropolitan Region and 16 in the Northern Metropolitan Region. In July 2006, we set up the first Chinese-specific high care facility in Victoria – On Luck Chinese Nursing Home. On Luck provides 60 high care places including a 15-place dementia unit for Chinese-speaking seniors from all over the State.

Our recent initiatives include a state-wide Community Partners Program and a Community Dementia Project via the use of music therapy.

2. The Demography of Chinese-speaking Aged Population in Victoria

As described in the Productivity Commission Issue Paper (May 2010), P.7 –

“The needs-based planning framework is a key feature of the current aged care system. It aims to ensure supply of community and residential care places by matching the number of new aged care places with growth in the aged population.”

To ascertain the size and growth of Chinese aged population, it is absolutely crucial to acknowledge that Australian citizens of Chinese background come from more than 100 countries. Statistical data on the Chinese aged population should therefore be compiled based on the language spoken at home instead of country of birth/origin.

Based on the 2006 ABS Census, there were 144,748 Victorians who spoke Chinese at home. They came from more than 100 different countries, including China, Malaysia, Hong Kong, Vietnam, Taiwan, Singapore, East Timor, Cambodia and Indonesia (sequencing in order of number, from the most substantial group to the less substantial group). The diverse country backgrounds of Chinese-speaking community are represented in the users of our services, our

workforce and volunteers. The Chinese-speaking community has become the largest Culturally and Linguistically Diverse (CALD) community in Victoria.

The Chinese-speaking aged population is growing rapidly. In 2006, there were 6,730 Chinese-speaking elderly (aged 70 and above) in Melbourne metropolitan, an increase of 34.57% as compared to 5,001 in 2001. The rate of increase is almost three times higher than the 13% growth rate of the general population of the same aged group over the same period.

3. The Need for More Aged Care Places for Chinese-speaking Senior Victorians

Currently, there are only 199 Chinese-specific aged care places (123 residential care places and 76 Community Aged Care Packages) in Victoria. There is a shortfall of well over 500 places to which Chinese-speaking senior Victorians are entitled based on the national aged care planning benchmark (761 aged care places/6,730 Chinese elderly aged 70 and over).

As of June 2010, CCSSCI carried 70 eligible clients on the waiting list of its Community Aged Care Packages Program and 55 eligible clients on the On Luck Chinese Nursing Home waiting list. There are eligible clients on our waiting lists for more than three years and some passed on before they could secure a place.

We appeal to the Government for timely interventions and allocations of appropriate number of new aged care places to address the gaps in existing services and to ease the sufferings of Chinese-speaking seniors and their carers. There is also a need for strategic planning and proactive response to the anticipated growth of Chinese-speaking aged population in decades to come.

4. The Roles of Chinese Community Social Services Centre Inc.

CCSSCI has had extensive networks with the Chinese-Victorian community and works closely with Chinese Senior Citizens' Clubs, Chinese groups and clan associations in various metropolitan regions.

In addition to our role in direct service delivery, we advocate on behalf of our community and provide a channel between the community and the funding bodies/mainstream service providers.

5. "Chinese Seniors Speak Up" Consultation Forums, 2008 to 2010

The Centre has undertaken regular consultation forums with our seniors on a yearly basis since 2008. The forums were conducted in both Cantonese and Mandarin, with focus on various issues and usually attracted 300 strong participants from all over Victoria.

In a Chinese dialect of their choice, participants expressed freely about their needs for and expectations of aged care support services, provided feedback of their experience in accessing and using the services and made suggestions for service improvements. The methods used to collect feedback and comments include small group and round table discussions, plenary discussions and self-administered questionnaires.

A bi-lingual report was published following each consultation. The report often contained actual quotations of participants, a summary of the discussions as well as results of

questionnaires. Whilst the 2010 report is being prepared, the 2008 and 2009 reports are attached to provide a voice from the older members of the Chinese-speaking community into the Productivity Commission's inquiry.

The 2008 Consultation Forum was organised in conjunction with the Ministerial Advisory Council of Senior Victorians with the aim to make input into the Ageing in Victoria Policy. Seven major themes were discussed in the forum and they were –

- Health and Wellbeing;
- Inclusive Communities;
- Liveable Communities;
- Transport;
- Housing;
- Economic Opportunities, and,
- Issues Confronting Chinese-speaking Seniors Because of Their Cultural and Linguistic Background.

The 2009 Consultation Forum collected participants' feedback in two major service types, community aged care services and residential aged care services.

The 2010 Consultation Forum entitled, "Seniors' Rights – Ageing in Community", provided the opportunity for a dialogue between Chinese-speaking seniors and mainstream / multicultural service providers. Service providers attended the forum included Elder Rights Advocacy, Eastern Community Legal Centre, COTA, Ethnic Communities Council of Victoria and Centre on Diversity in Ageing. The result of discussions clearly indicated that –

- There is a lack of awareness among Chinese-speaking seniors of their rights;
- The seniors did not know how to exercise their rights;
- They are severely disadvantaged because of the lack of English proficiency.

6. Feedback towards the Current Aged Care Services System

6.1 General Feedback

After overseas study tours and attendance at international conferences, we feel that the aged care services system in Australia is something that we can be proud of. Our system is unique because of our Government's commitment "to ensure that all frail older Australians have timely access to appropriate care and support services as they age ... through a safe and secure aged care system" (DoHA 2009, p.xi)

Whilst we have a sound aged care services system, there are plenty of rooms for continuous improvement. For example, it is essential that care and support services are **culturally and linguistically appropriate** in meeting the specific needs of seniors from CALD backgrounds.

It is absolutely important that the Australian Government maintains its strong commitment to the provision of a safe and secure aged care system for **all** frail older Australians.

6.2 Residential Aged Care Services

The CCSSCI – On Luck Chinese Nursing Home is a successful community project. On Luck is a nursing home – set up by the community, for the community – that caters for the linguistic, cultural, social, spiritual, dietary and health care needs of our elderly. It has received tremendous support from the Chinese-Victorian community, from cash donations, provisions of professional services without charge to becoming On Luck volunteers.

We appeal to the three levels of Government for their support to this community nursing home model for CALD communities. In order to establish a community nursing home, a CALD community will require an allocation of bed licences, a capital grant and/or a zero real interest loan from the federal government, as well as assistance from the State and Local Governments in the acquisition of land and approval in planning application. The inter-Government commitments and the necessary coordination should be encouraged.

6.3 Community Aged Care Services

6.3.1 Complexity of service system

Everyone will agree that the aged care service system is so complicated that one can hardly find out what is available for them in time of need, not to mention those who are coming from a non-English speaking background. It is not uncommon for those elderly from CALD backgrounds become more and more socially isolated due to the lack of knowledge of the system and only access high care residential care services when it comes to a crisis mode, such as the withdrawal of carer or the deteriorating health condition of the aged person.

Recommendations:

- i) To provide updated and accurate aged care information and advice in a language of the client's choice,
- ii) To increase the number of culturally appropriate community care packages (CACPs, EACH and EACHD) for CALD communities.

6.3.2 Overlaps and gaps in the service system

- Currently, an elderly has to go through various assessments in order to access the right services for them, e.g. comprehensive assessment from ACAS and service specific assessments from service providers. This overlap creates unnecessary strain for the clients and duplication of resources. Our recommendation is to streamline the assessment process and create one entry point for access to different services.
- Case Management is an essential component in Packaged Care Services (CACPs, EACH and EACHD), and it is especially important for people from CALD backgrounds who require a high level of assistance to understand and navigate the service system. Even though the value of CACPs packages is diminishing due to the limited funding and various constraints, as compared to HACC services delivered by Local Councils, Chinese-speaking clients are willing to withdraw their HACC

services and take up Chinese-specific CACPs in order to obtain case management service. The bi-lingual case manager plays an important role in the coordination and facilitation of formal community care services.

Recommendations:

- i) As a longer term objective, to increase the places of packaged care for CALD communities. Culturally appropriate care packages are the most efficient and effective way in meeting the needs of NESB elderly people in the community.
- ii) As a stop-gap measure, Local Councils should purchase case management service from ethno-specific service providers for those HACC clients who will greatly benefitted from such service. The provision of culturally appropriate case management service will also be able to reduce the number of NESB clients who opt for ethno-specific care packages prematurely.

6.3.3 Funding does not reflect the real cost of operations

The annual care subsidies increase of 1.7% in July 2010 is unable to match the increase of salary and care costs. Non-profit organisations, such as CCSSCI, which rely on government funding as a major source of income, will find it hard to sustain the services in the long run.

Recommendation:

The funding system should be able to reflect the cost of operations and the annual index recognise the real cost of care.

7. Conclusion

The Government has recognised the disadvantages of elderly people from CALD backgrounds and therefore considered them as a special need group. It is vital that the specific care needs of this group are taken into account in formulating any changes in our aged care services system.

We would like to request that as part of the Productivity Commission's inquiry a more extensive community consultation process with CALD communities and key stakeholders should be undertaken, with the aim to develop a strategic plan to address the current and projected needs of people from culturally and linguistically diverse backgrounds for aged care services.

Kim Au
Chief Executive Officer
30th July 2010