

Productivity Commission
Caring for Older Australians

Submission

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Aged and community care programs targeting CaLD older people

Multicultural Aged Care Inc (MAC) administers the Partners in Culturally Appropriate Care (PICAC) program in SA. The program is funded by the Australian Government, Department of Health and Ageing and the Program outcomes include:

- More residential and aged and community care services delivering culturally appropriate care to older people from CaLD communities
- Older people from CaLD communities having increased access to culturally appropriate residential and community aged care
- Older people from CaLD communities having greater capacity to make informed decisions about residential and community aged care.

MAC also receives funding from the Department of Families and Communities, Office for the Ageing, Home and Community Care (HACC) Program to assist CaLD communities to deliver quality aged and community care services to their older people and support service providers to deliver culturally appropriate care.

Recognising cultural diversity in the aged and community care sector in SA

2006	2016
• 49,000 people aged 65+ born in NES country	• 58,000 people aged 65+ born in NES country
• (21% of total 65+ population)	• (20% of total 65+ population)
• 1 in 4 of older CALD population aged 80+	• 1 in 3 older CALD population aged 80+

Birthplace and over 65 years by % of 65+ cohort

Australia	131,811	
Italy	12,441	5.3%
Greece	5,489	2.4%
Germany	4,686	2.1%
Netherlands	2,781	1.2%
Poland	2,293	1.0%
Croatia	1,213	0.5%

In SA % of people over 65 years by birthplace

Latvia	82	Italy	55
Lithuania	81	Greece	51
Estonia	80	Austria	42
Ukraine	67	Germany	39
Slovenia	64	Myanmar	37
Hungary	58	Poland	37

Potentially big communities of the future:

Birthplace	2001	2006
China	3,598	8,073;
India	3,695	6,832;
Philippines	4,153	5445
Malaysia	4,162	5,339
South Africa	3,111	4,483

These tables are calculated from South Australian 2006 ABS figures.

The Terms of Reference for the Productivity Commission Inquiry; Caring for Older Australians include:

1. examine the social, clinical and institutional aspects of aged care in Australia, building on the substantial base of existing reviews into this sector
2. address the interests of special needs groups
3. develop regulatory and funding options for residential and community aged care (including the Home and Community Care program)
4. examine the future workforce requirements of the aged care sector
5. recommend a path for transitioning from the current regulatory arrangements to a new system that ensures continuity of care and allows the sector time to adjust
6. examine whether the regulation of retirement specific living options should be aligned more closely with the rest of the aged care sector
7. assess the fiscal implications of any change in aged care roles and responsibilities.

In Summary

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

Suggestions even recommendations about information and training provision to address older CaLD people's needs have been made in a number of reports but there has not been a sector based review; responsive to need; targeted; integrated, coordinated and informed approach to information, resources and training to address the needs of older CaLD people and aged and community care service providers.

The views of CaLD older people; access to services and information, culturally appropriate care; resources and training issues are all the essentials of the PICAC and Community Partners Program (CPP) projects being run in each State and Territory. Recent reviews indicate that these programs are working well but not addressing the breadth and depth of the identified need. There is need not only for more responsive and targeted funding for these programs but for a more integrated, coordinated and informed approach to information, resources and training for addressing aged and community care needs of CaLD older people.

- 2. Address the interests of special needs groups**

To address the continuing interests of CaLD older people there is increasing need for:

- **information on aged and community care services directed to CaLD older people;**
- **access to culturally appropriate aged and community care services;**
- **cultural awareness/competency training for the aged and community care sector;**
- **resources for CaLD communities and older people from CaLD backgrounds;**
- **resources for service providers; workforce, training providers.**

- 3. Develop regulatory and funding options for residential and community aged care (including the Home and Community Care program)**

These cultural perspectives may include responsive and targeted funding to CaLD communities; acknowledgement and reflection of special and specific interests and needs (collective and individual); services delivered by well informed and supported CaLD communities' agencies; all service providers delivering culturally competent services; training in cultural competency for all staff; and resources.

4. Examine the future workforce requirements of the aged care sector

The aged care sector is a growing sector and therefore requires a trained, efficient workforce. There are multiple layers to workforce requirements and there are multiple overarching challenges, including: provision of culturally and linguistically appropriate services to an increasing cohort of older people from diverse cultural and linguistic backgrounds; cultural competency training for all staff, not only to direct delivery staff; all aged care training courses to have cultural competency training as a core component to studies; standards and learning outcomes for aged care training courses be established and implemented across the RTO spectrum; bridging courses and workplace courses be funded to support workers who are being retrained and who require targeted training on the Australian aged care system objectives and requirements.

5. Recommend a path for transitioning from the current regulatory arrangements to a new system that ensures continuity of care and allows the sector time to adjust

- Any transitioning arrangements require consideration and inclusion of the special and specific needs of CaLD older people,

6. Examine whether the regulation of retirement specific living options should be aligned more closely with the rest of the aged care sector

Retirement living options could improve and increase CaLD communities' financial and administrative capacity to set up ethno specific services. This option would increase choices and flexibility of service delivery for older people from diverse cultural and linguistic backgrounds.

7. Assess the fiscal implications of any change in aged care roles and responsibilities.

Any changes to the financial aspects of aged care need to build in and incorporate the CaLD perspectives: group as well as individual decision making; valuing interdependence, diversity, languages other than English and the description of the changes requires the spectrum of intercultural communication models and strategies.

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

1a. Building on Existing Reviews

As noted in the Productivity Commission's Issues Paper (pages 4, 5) there have been a number of reviews into aged care and although some changes have already been implemented a responsive and integrated approach is still required, particularly when considering the aged and community care needs of older people from culturally and linguistically diverse (CaLD) backgrounds.

Many recent Reports note the demographic profile of CaLD older people: ageing at a faster rate; significant presence in numbers and as a percentage in the identified cohorts and their not accessing available aged and community care information and services. Intermittently there have been recommendations regarding addressing these special and specific needs of CaLD older people but in practice access to aged and community care information and services has been haphazard and delivery and provision of responsive and targeted culturally appropriate care has been uncoordinated; resource challenged and inconsistent.

Reports including the Hogan Review and the Productivity Commission Review on Trends in Aged Care raise concerns about older CaLD people not accessing information and services; the capacity of CaLD communities to engage with and/or deliver informed and accountable services to CaLD older people and further highlight the challenges for all service providers in delivering responsive and targeted culturally appropriate care. These challenges are largely recognised in various Reports and understood in the sector but generally not viewed as **core** priorities for attention and therefore the responses have been uncoordinated and inefficient.

Suggestions even recommendations about information and training provision to address older CaLD people's needs have been made in a number of reports but there has not been a sector based review; responsive to need; targeted; integrated, coordinated and informed approach to information, resources and training to address the needs of older CaLD people and aged and community care service providers.

1b. Social, clinical and institutional aspects: cultural perspectives

Older CaLD people are occasionally canvassed on their needs and in many respects their views do echo the views of the general community but the CaLD perspectives embedded within their comments require highlighting. A collation of the views includes that older CaLD people aspire to living a long and fortunate life in good health; being taken care of by their families and communities; contributing actively to their families and communities; continuing to live and be looked after in their family homes; respect and obligations being honoured and addressed; participating in family and community events; making collective decisions about a number of issues; maintaining routines; attending the churches and places they have always attended; speaking the languages and eating their comfort foods.

The diverse and special and specific approaches to the social, clinical and institutional aspects of aged care for CaLD older people are occasionally referenced in Reports yet even though CaLD perspectives are largely recognised in practice they are not mentioned or noted as significant and consequently not addressed as core priorities for attention and therefore the program responses have been compromised.

The views of CaLD older people; access to services and information, culturally appropriate care; resources and training issues are all the essentials of the PICAC and Community Partners Program (CPP) projects being run in each State and Territory. Recent reviews indicate that these programs are working well but not addressing the breadth and depth of the identified need.

There is need not only for more responsive and targeted funding for these programs but for a more integrated, coordinated and informed approach to information, resources and training for addressing aged and community care needs of CaLD older people.

The PICAC Program has not received increased funding since its inception yet the scope has broadened dramatically and the introduction of the Community Partners Program has been welcomed but not addressing the scope of the need. The knowledge and intelligence base of the PICACs could be better harnessed so that targeted information and services would be delivered to older people from diverse cultural and linguistic backgrounds.

2. Address the interests of special needs groups

Statistics from the AIH&W; ABS and DIAC demonstrate and reiterate that the proportion of CaLD older people in the aged care sector is increasing and will continue to increase for the next twenty and more years. What may change will be the ethnicity of groups in the identified target groups. The numbers of older people born in Italy and Greece remain stable, born in Latvia and Germany will decrease and born in Vietnam and China will increase.

To address the continuing interests of CaLD older people there is increasing need for:

- **information on aged and community care services directed to CaLD older people;**
- **access to culturally appropriate aged and community care services;**
- **cultural awareness/competency training for the aged and community care sector;**
- **resources for CaLD communities and older people from CaLD backgrounds;**
- **resources for service providers; workforce, training providers.**

Responsive aged and community care

Older people from culturally and linguistically diverse (CaLD) communities are more likely to access and receive better practice culturally appropriate care services when the planning, policies, procedures, programs, and processes are inclusive of diverse cultural and linguistic perspectives.

Including diverse cultural and linguistic perspectives develops, builds and underpins culturally inclusive aged and community care strategies, principles, skills, competencies and actions which are responsive to and reflective of the multicultural reality of Australia society.

A better practice culturally and linguistically responsive aged and community care sector:

- Canvasses, understands and meets needs in a culturally appropriate manner
- Promotes access to information and services which are culturally appropriate
- Supports and trains people to develop cultural knowledge, skills and competencies
- Anticipates and predicts resources required

Reflecting cultural and linguistic perspectives in the aged and community care sector:

Demographic profiles of older people from CaLD backgrounds need to be collected, maintained and used to inform aged and community care policies and practices

The cultural and linguistic backgrounds of older people need to be sought, recorded and maintained. The cultural and linguistic backgrounds of older people need to be analysed and used to inform policies and practices.

Demographic profiles need to be used to inform planning, processes and procedures.

Training and Induction sessions need to include CaLD demographic profiles description and analysis.

Policies need to specify, include and detail cultural and linguistic diversity examples.

Cultural and linguistic history and heritages need to be sought, recorded, shared, and known.

Migration stories, narratives and patterns need to be explored and shared.

Practices, procedures and activities need to reflect and respond to cultural and linguistic diversity.

The physical environments of aged and community care facilities need to reflect cultural and linguistic diversity.

Communication strategies are in place to promote effective, clear and reliable communication

English language used needs to be clear, concise, with minimal jargon and acronyms.

Documents written in English need to be brief, clear, concise, with minimal jargon and acronyms.

An intercultural communication policy needs to be in place and practiced.

Bilingual professionals and bilingual allied health workers need to be engaged to communicate with clients from diverse cultural and linguistic backgrounds.

Interpreters need to be engaged to communicate with clients, residents

Documents need to be translated to languages other than English. (LoTE)

Diverse media (ethnic radio; newspapers in LoTE; DVDs; internet) need to be used to communicate.

Language specific focus groups need to be assembled.

Staff members have the skills to ensure that services are delivered in a culturally appropriate manner

Staffing policy and practices need to be responsive to program and workplace cultural and linguistic profiles.

Job and person specifications need to include cultural competency skills.

Induction and training sessions need to include demographic profiles description and analysis.

All staff members need to receive cultural awareness/competency training.

Bilingual staff members need to be remunerated for value added cultural competency and skills.

Bilingual professionals and bilingual aged and community care and allied health workers need to be engaged to communicate with clients from diverse cultural and linguistic backgrounds.

Interpreters need to be engaged to communicate with clients.

Clients from diverse cultural and linguistic backgrounds need to participate in activities and decision making.

Family members need to be encouraged to participate in decision-making.

Bilingual community members, carers and volunteers need to be engaged to work with clients.

3. Develop regulatory and funding options for residential and community aged care (including the Home and Community Care program)

The regulatory parameters for residential and community aged care (including the Home and Community Care program) are bureaucratic, contrived, complex and multilayered and require a paradigm shift particularly for older CaLD people.

Most older people and in particular older people from diverse cultural and linguistic backgrounds do **not** think of an aged care **system** which *...aims 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)*

...Older CaLD people aspire to living a long and fortunate life in good health; being taken care of by their families and communities; contributing actively in their families and communities; continuing to live and be looked after in their family homes; being addressed with respect and reverence; respect and obligations being honoured and addressed; participating in family and community events; making collective decisions about most issues; maintaining well worn routines; attending the churches and places they have always attended; speaking the languages and eating the foods they are used to; and so forth and so on.

The disconnect, particularly for CaLD older people, is that there is a **system** at all and that what they had assumed was organic, or a natural part of the tree of life or the wheel of life, that is ageing, has become a system which is regulated by Government rules and funding.

For many the concept of a system is confusing and of deep concern and it reawakens instincts of fear, political interference, abandonment, loss of self-respect. These layers of insecurities are compounded when family access this regulated, structurally complex system and everyone finds that the services delivered prove to be culturally and linguistically intolerant because of formal regulatory and funding options. Then confusion, divisiveness, depression, guilt, frustration may be the hand maidens.

The reality is that CaLD older people need access to aged and community care; their families are increasingly not able to do it all for them and therefore a quality, responsive aged system which *encourages diverse, flexible, efficient and responsive services that facilitate independence and choice* (PC Issues Paper p15)...is required. For older CaLD people it follows that the regulatory and funding options require cultural perspectives to be fully integrated into the objectives, policies and practices in **all** programs including Home and Community Care (HACC).

In fact, it is imperative that HACC programs maintain a strong emphasis on CaLD perspectives because HACC programs are the entry point into aged care for older CaLD people and the quality of service provision, receiving culturally appropriate care, will influence continued engagement with the aged care sector and system.

Older people want to receive services which match their needs, doesn't exploit them and supports them in living the lifestyle of their choice. They show limited interest in the different funding options; who is responsible for what under which conditions and what the rules and regulations are in the aged care system. Programs and options for delivering aged care are highly regulated, bureaucratic and contrived. Older people want simplicity, clarity, and timely assistance and anything which minimises the bureaucratic approach and is more streamlined and seamless is to be recommended. It is hoped that the transitioning of the HACC program achieves a more seamless provision of services.

There is some concern that with the transitioning of the HACC Program the needs of older CaLD people will not be a core priority in the short term and that CaLD perspectives may be marginalised in the long term. The importance of CaLD perspectives integrated into all aged care programs is emphasised.

These cultural perspectives may include responsive and targeted funding to CaLD communities; acknowledgement and reflection of special and specific interests and needs (collective and individual); services delivered by well informed and supported CaLD communities' agencies; all service providers delivering culturally competent services; training in cultural competency for all staff; and resources.

4. Examine the future workforce requirements of the aged care sector

The aged care sector is a growing sector and therefore requires a trained, efficient workforce. There are multiple layers to workforce requirements and there are multiple overarching challenges, including: provision of culturally and linguistically appropriate services to an increasing cohort of older people from diverse cultural and linguistic backgrounds; cultural competency training for all staff, not only to direct delivery staff; all aged care training courses to have cultural competency training as a core component to studies; standards and learning outcomes for aged care training courses be established and implemented across the RTO spectrum; bridging courses and workplace courses be funded to support workers who are being retrained and who require targeted training on the Australian aged care system objectives and requirements.

Other considerations include:

- Staffing policy and practices need to be responsive to program and workplace cultural and linguistic profiles.
- Job and person specifications of all staff need to include cultural competency skills.
- Induction and training sessions need to include demographic profiles description and analysis.
- All staff members need to receive cultural awareness/competency training.
- Bilingual staff members need to be remunerated for value added cultural competency and skills.
- Bilingual professionals and bilingual aged and community care and allied health workers need to be engaged to communicate with older people from diverse cultural and linguistic backgrounds.
- Interpreters need to be engaged to communicate with older people.
- Older people from diverse cultural and linguistic backgrounds need to participate in activities and decision making.
- Family members need to be encouraged to participate in decision-making.
- Bilingual community members, carers and volunteers need to be engaged to work with older people.

5. Recommend a path for transitioning from the current regulatory arrangements to a new system that ensures continuity of care and allows the sector time to adjust

Any transitioning arrangements require consideration and inclusion of the special and specific needs of CaLD older people, by:

- Sourcing, recording and maintaining the cultural and linguistic backgrounds and narratives of older people;
- Analysing the cultural and linguistic backgrounds and narratives of older people and then using that knowledge to plan and inform policies and practices of transitioning as well as the new system.
- Using community demographic profiles to inform transitioning planning, processes and procedures;
- Using culturally reflective and responsive communication strategies to provide information;
- Using well informed, trusted and respected community members as peer educators;
- Recognising that the message needs to be targeted and concise
- Recognising that CaLD communities will require more time to receive the messages.

6. Examine whether the regulation of retirement specific living options should be aligned more closely with the rest of the aged care sector

If CaLD communities think about retirement options and residential care the underlying and core value is of retirement specific living options which are inclusive of their special and specific needs and are diverse but reflective of and responsive to their cultural and linguistic preferences.

The overwhelming preference is for ethno specific service provision, priority being given to language, religion and food. There is some confusion in some CaLD communities as to why some CaLD communities have ethno specific services and others not. The unsatisfactory answer is that current regulations do not foster, encourage and easily support setting up of new ethno-specific residential aged care facilities. Retirement specific living options could be a pathway for CaLD communities to support older CaLD people accessing ethno specific accommodation services.

There are some successful examples of independent living units which have been catering for ethno specific and multicultural communities and this model has much to offer CaLD older people. The integrated alignment of retirement living options with aged care provision could lead to more older people from diverse cultural and linguistic backgrounds having access to services which are delivered by their communities.

Retirement living options could improve and increase CaLD communities' financial and administrative capacity to set up ethno specific services. This option would increase choices and flexibility of service delivery for older people from diverse cultural and linguistic backgrounds.

7. Assess the fiscal implications of any change in aged care roles and responsibilities.

There is much confusion and sometimes fear in CaLD communities about the financial aspects of aged care. Payment of fees for care which is often seen as the responsibility of family requires explaining in simple but culturally focussed terms. Paying fees may be interpreted as burdensome; eating into the family assets seen as problematic; moving from service to service with different fee scales adds layers of perplexity and encumbering or losing the family home is anathema.

The current fiscal arrangements highlight the linear roles and responsibilities of the individual; is predicated on individual values and attitudes overlapping with group and family and assumes a preference for independence and choice. Emphasising user pays and individual independence will continue to be a catalyst for suspicion and confusion for CaLD communities.

For many CaLD communities these values stir consternation because their attitudes sit more comfortably with community and collective understandings about roles and responsibilities, distrust for institutions; priority focus is on collective reasoning and interpretations; respecting interdependence and interrelationships, valuing family focussed decision making and passing on family traditions and the inheritance.

Any changes to the financial aspects of aged care need to build in and incorporate the CaLD perspectives: group as well as individual decision making; valuing interdependence, diversity, languages other than English and the description of the changes requires the spectrum of intercultural communication models and strategies.

Appendix 1

Cultural Awareness is about exploring cultural and linguistic diversity which involves:

- Developing understandings about our own cultural self and cultural compass;
- Building knowledge and understandings about cultural content and contexts;
- Recognising, respecting, responding to and reflecting the cultural and linguistic diversity in our community; workplace...
- Working, living, communicating effectively in intercultural settings.

The underlying fundamentals of a culturally and linguistically inclusive aged and community services include:

- Acquiring cultural experiences, knowledge and understandings;
- Applying cultural content factors to knowledge, skills and competencies;
- Adjusting behaviours: being mindful of cultural content and checking assumptions;
- Anticipating knowledge, skills and competencies to be effective in intercultural settings;

Principles of Cultural Intelligence (CQ) include:

Accepting our cultural values and perceptions are culturally determined and not the norm.

Respecting that other cultures are valid for their members

Developing knowledge, understandings, skills and competencies in determining which characteristics are the critical ones for that culture.

Watching what people do, not just what they say.

Modifying, not changing, our cultural response, may be practical at times

Becoming more skilled and competent not just becoming more sensitive, tolerant and open minded.

Appendix 2

Consultation was held on the 30th June 2010 and representatives from CaLD communities including: African; Chinese; Dutch; Filipino; Greek; Hungarian; Italian; and Vietnamese attended.

Enclosed is a summary overview of some of the issues canvassed.

1) Are the aged care services that older Australians require available and accessible? Are there gaps that result in a loss of continuity of care? Is there sufficient emphasis within the current system on maintaining a person's independence and on health promotion and rehabilitation? How might any inadequacies in the system be addressed?

Ans.

Not all of the aged care services are available and accessible to older Australians. This particularly applies to CALD specific group whose command and understanding of the English language is limited. Language is a very powerful tool and even though we have translating services, some of the meanings get lost in translation. Without the guidance and availability of organisations (e.g. CALD specific group) to advise and disseminate the information needed, majority of older Australians from CALD specific background (with limited understanding of the English language) will miss out. There should also be a system of representation from CALD specific group (e.g. part of the advisory group, or when conducting studies/projects like this) when it comes to developing, assessing, implementing and disseminating aged care services. By doing this, then there would be a true reflection of the needs and requirements from these special needs group and not just making them conform to the mainstream.

There should be a provision of Person-Centred and Culture-specific approach to services in order to properly address the requirements of these special needs group. Another issue to address, is that the institutional aspects of aged care should be culture-specific addressing the social, emotional, spiritual, psychological and physical well being of individuals from these groups. At the moment, most aged care facilities are only catering for the mainstream older Australians and unfortunately, for those who cannot or will not conform (not by choice but due to their ethno-specific needs) to this norm will miss out. It will be desirable to have culture specific retirement villages or nursing homes where these special group can feel secure and at home and in their environment. Another suggestion would be to increase the Commonwealth places for ethno-specific group in these retirement villages or nursing homes as well as providing workers from these particular groups who understand the culture and speaks the language.

There are gaps in the system that result in a loss of continuity of care. For example, clients who are receiving CAPS packages are not eligible to access HACC services even though the services that they are receiving preclude them from satisfying other aspects of their well-being (e.g. socialisation). Some clients who are currently enjoying the services of a HACC provider is reluctant to access the CAPS packages (even if they needed to) because they do not want to miss out on the satisfying and fulfilling connection, integration and camaraderie that they are having.

Moreover, these gaps continue on to include maintaining of a person's independence, health promotion and rehabilitation. As previously mentioned, culture and language are one of the important aspects that needs to be considered when conducting health promotion and rehabilitation. There is a pressing need to increase the number of professionals who are bi-lingual or multi-lingual and understand the cultural aspects of the individual. For example, in mental health, there is a demand to have a mental health practitioner who is ethno and language adept to address the language and cultural needs of these groups with sensitivity and insight. How many of these special needs group (CALD background) have a considerable representation of mental health practitioners across the board? How can we promote rehabilitation (physical, mental, social or spiritual) if we cannot properly address this shortage?

2) How well does the aged care system interface with the wider health and social services sectors? To what extent should the aged care system be treated as a separate arm of government policy to other social policies?

Ans.

Currently, due to lack of systems and strategies in addressing some of the issues of aged care (e.g. CALD specific aged care), there is a gap in the existing health and social services sector. Although there is an attempt to make some of their services culture-specific, their approach is more tailored to the mainstream society. Translating the wordings and meaning pertaining to these services do not qualify to be culture-specific. There is more to it than mere translation of the English language. Having said this, the aged care sector should be treated as a separate body that is responsible for the formulation of its own policies due to the complexities and intricacies of the issues that needs addressing (which includes the special needs group among other things).

3) Is the current system equipped, or can it adapt, to meet future challenges?

Ans.

Unless the system include the participation of representatives from each culture-specific group to ensure adequate representation, understanding and insight to address the needs of CALD specific group, then it fails to address this section of the community.

4) Should there be greater emphasis on consumer-directed care in the delivery of services, and would this enable older Australians to exercise their preference to live independently in their own homes for longer with appropriate care and support?

Ans.

To address the needs of the CALD specific group, there is a necessity to have aged care services that are targeted to address the specific needs of this community. Several ethno-specific organisations running the HACC program servicing these sectors should receive appropriate and sufficient funding to support the delivery of these services. Having said this, a formula for the appropriation of funding to these organisations must be implemented to ensure fair and equal distribution of funding among the CALD groups.

RETIREMENT VILLAGES

1) How do retirement specific living options interact within the broader aged care system and what changes are expected in both the number and structure of villages over the coming years? Should the regulation of retirement specific living options be aligned more closely with the rest of the aged care system?

Ans. According to statistics, in several years' time > 58,000 of people aged 65+ are born from NES country. As such, there will be a huge demand to accommodate these groups of older Australians with regards to retirement specific living options. Currently majority of the retirement villages are tailored to suit the mainstream community of older Australians, however with the population growth of older Australians coming from NES countries, it is imperative to address the ethno-specific requirements of these groups. Having said this, perhaps we could provide a culturally specific retirement villages to accommodate this issue, with workers from their own culture who speaks the language and understand their needs better. As such, in order to align the regulation of retirement specific living options to the rest of the aged care system, we should bring the retirement villages into the aged care sector.

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- 2) Are there any factors that act as a barrier to older Australians entering retirement specific living options (such as opportunities to age in place and departure fees?) And, more generally, is the way the retirement village sector operates compatible with an ageing population, including in regards to equality, client's expectations and as a platform in which to receive aged care services?

Ans.

Yes, there are several factors that hinder older Australians from CALD background into entering retirement specific options (particularly the opportunity to age in place). One of them would be the social environment and atmosphere that is not culture-specific. This alone entails several issues including food, language, culture-specific norms and traditions that are not seen and observed in the mainstream retirement villages. The way they are operating now is more in line for the mainstream older Australians which do not address the requirements of the special needs group (CALD background). This current process fails to address equality among our multicultural society (aged) as well as client's expectations (particularly from CALD background) in receiving aged care services.

- 3) Are there particular models of retirement specific accommodation that are suited to the provision of social housing to meet the needs of low income or disadvantaged older Australians?

Ans.

I don't think that there is any that meet the needs of low income/disadvantaged older Australians from CALD background.

- 4) How effective has the aged care system been in addressing these objectives? What changes, if any, should be made to the objectives? What are the implications of such objectives for any redesign of the current system?

Ans.

Currently, the government is showing honest attempt in implementing processes to address these objectives. However, in translating the National Healthcare Agreement which states that "Older Australians [should] receive high quality, affordable health and aged care services that are **appropriate to their needs and enable choice** and seamless, timely transitions within and across sectors" – this should also reflect the needs of older Australians from CALD background. Thus, culture-specific needs and choices of the clients representing these groups must also be factored in and considered. Having said this, we should have a specific CALD governing body (advisory group) assigned to look after this area.