

THE SUBMISSION: “CARING FOR OLDER AUSTRALIANS”

Background

The Multicultural Communities Council of Illawarra is a peak ethnic organisation located in Wollongong CBD in NSW. The MCCI delivers a range of multicultural youth, aged and arts programs for residents in the Illawarra and Shoalhaven. The organisation’s aged care division is made up of a number of aged care services funded under both the NSW HACC and Commonwealth and services over 600 clients a week through our multilingual programs and activities. With the employment of over 40 bilingual/ bicultural staff, including bilingual aged care workers and Personal Care Assistants, the MCCI embraces the unique insight into the concerns and issues faced by elderly CALD people utilising and manoeuvring through the aged care system.

The MCCI also delivers the Community Partners Program (CPP) funded by the Department of Health and Ageing. This program is designed to *“enhance the access of CALD older people to aged care services and information, as well as build capacity for aged care providers to deliver culturally appropriate care.”* The Department of Health and Ageing currently funds over 18 CPP programs across NSW and supports over 28 languages through the programs. A number of findings and cases have been documented through the CPP programs which demonstrate concerns for CALD communities regarding the gaps in the current aged care system. The Productivity Commission’s Submission would benefit greatly in taking into account the findings of Partners In Culturally Appropriate Care (PICAC) and CPPs across the states in developing an aged care system which is culturally responsive to the needs of CALD ageing population.

The MCCI is also fortunate to work with other CALD specific and multicultural aged care programs and services based in our region. These services often demonstrate examples of “best practice” in responding to needs of the elderly CALD community. The MCCI believes that prior to the completion of the final draft report, that further consultation in regional areas such as the Illawarra and Shoalhaven would be an asset to the Productivity Commission Submission as regional areas often are not adequately consulted in regional or national planning.

Intention- Response to the Productivity Commission Issues paper

The Multicultural Communities Council of the Illawarra is responding to the following 4 key areas presented in the Commission Issues Paper:

1. The service delivery framework
2. Funding and regulatory arrangements, government roles and responsibilities
3. Workforce requirements
4. Reform options and transitional arrangements

The response will primarily focus on the delivery of “*culturally appropriate care*” to older people from migrant and refugee communities (culturally and linguistically diverse - CALD).

The term “Older Australians” is used by government and throughout the Commission Issue paper, however many CALD community groups have expressed a concern with this reference as they perceive it as not inclusive of the needs of refugees and migrants and would prefer the term “older people living in Australia”.

Apart from Community Partners Programme (CPP) and Partnerships in Culturally Appropriate Care (PICAC) there are very few services funded by the government to identify the needs of these communities and how their knowledge about cultural issues can be translated into practical terms.

The challenges that are currently experienced by CPP and PICAC in dealing with Aged Care Services Providers particularly RACF’s is that there is a reluctance to modify practices to meet specific cultural needs as it is perceived as costly, time consuming, difficult to implement and unnecessary for small pockets or clusters of CALD residents. This can only be addressed when the current legislation is strengthened and standards and outcomes reflect cultural responsiveness as a core element in care with clearly demonstrated practices.

The CALD community is often also referred to in policy as the “special needs group”. This again needs to be reviewed as special needs in the aged care sector often refers to those who have complex and challenging behavioural/needs. It is important for the purposes of this submission and future directions for the aged care sector to carefully examine the diverse and complex characteristics which define cultural diversity. This examination will lead to a “true” understanding of culturally responsive care and the delivery of such.

Australia’s future aged care system requires highly developed strategies to respond to the needs of the ageing CALD community taking into account demographics and trends which project emerging CALD needs and the significant increase in the number of CALD elderly people entering the aged care system in the near future. Considering that Australia projects a growth rate of 66% of CALD elderly services users by 2011, a more responsive system needs to be one which provides culturally appropriate care as part of the aged care service rather than an arm or additional aspect of the system. It needs to be imbedded in the aged care system’s core foundation. To achieve this, the aged care system led by government regulatory bodies need to review the current principles, standards, practices and demonstrated outcomes in the delivery of culturally appropriate care in order to meet this growth and changing client group.

This means challenging current practices in:

- Revising the way in which we work with CALD communities by liaising and utilising CALD expertise and knowledge eg CPPs, PICAC, Ethnic and Multicultural Councils, CALD Specific Advocacy Groups etc. This will assist in the development of best practice in the provision of culturally appropriate care.
- Reviewing the Accreditation Standards and the Expected Outcomes will assist in the development of best practice in the provision of culturally appropriate care as an expected outcome under each standard. Currently “cultural and spiritual life” appears under only one of the standards.
- Revising workforce requirements and developing strategies for the delivery of culturally appropriate care will assist in culturally diverse responsive care and the development of best practice.

The Commission posed the question *“Should Australia have an ‘aged care system’ as currently conceived or could a broader conception of care and disability policy be more appropriate, with the need of the aged being one part of this continuum?”* Gaps in the current system reflect a need for a broader conception of care under a Human Services Framework which links primary health, hospitals, housing, income, education etc. The framework should include not only a focus on disability policy but a strong and responsive multicultural policy where culturally diverse aged care is part of this continuum. A coordinated approach which provides clients and customers with “links to transitional stages of life” through the various governments support agencies will lessen the need for band aid effects, crisis intervention and premature entry into long term and often inappropriate dependent care.

Characteristics of the Elderly CALD Client Group – Responding to Emerging Needs and Changing Demographics

According to the Department of Health and Ageing *“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. This changing demography is largely due to the ageing of the large-scale immigration intake to Australia after the Second World War. By 2011, it is predicted that one in every five people aged 80 or more will be from a culturally and linguistically diverse background, and that in 2026, this proportion will increase to one in every four people.*

As a group, older people from culturally and linguistically diverse backgrounds share with other Australians the range of needs that arise from the ageing process. However, they also experience special needs. 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

evidenced by their under-representation in the use of residential aged care services” (Department of Health and Ageing, CPP Guidelines 2009)

As Australia prepares for significant changes in the demographic profile of future recipients of age care services, further investigation is needed in the understanding of the cultural ageing complexities and the barriers to access and equity of CALD groups. Links to multicultural agencies and services, the Community Partners Programs and PICACS become even more vital in the delivery of appropriate care where the care recipient is competent, supported and educated to make informed choices.

1. THE SERVICE DELIVERY FRAMEWORK

Underpinned by: “Charter of Public Service in a Culturally Diverse Society” 1998

**The Charter is the key document guiding the Access and Equity Strategy. It helps to ensure government programmes meet the needs of our culturally and linguistically diverse society. It integrates a set of service delivery principles concerning cultural diversity into the strategic planning, policy development, budget and reporting processes of government service delivery, irrespective of whether these services are provided by government agencies, community organisations or commercial enterprises. These principles are:*

- 1.1 - Access
- 1.2 - Equity
- 1.3 - Communication
- 1.4 - Responsiveness
- 1.5 – Effectiveness
- 1.6 - Efficiency
- 1.7 - Accountability

** Department of Immigration and Multicultural Affairs. 1998. ‘Charter of Public Service in a Culturally Diverse Society.’ Canberra: DIMA.*

As the Service Delivery Framework is underpinned by the **“Charter of Public Service in a Culturally Diverse Society” 1998**, the MCCI would like to address the following areas of continual concern:

1.1 Access – Government services should be available to everyone who is entitled to them and should be free of any form of discrimination irrespective of a person’s country of birth, language, culture, race or religion.

Although addressed in the framework and charter, access issues amongst CALD communities continues to be a significant barrier and results in significant disadvantage of CALD elderly people. Barriers which continue to be experienced by the CALD elderly include:

- Limited or no understanding of the English language / low proficiency thus difficulties in reading and understanding service contracts, agreements, fee structures etc.

- Low literacy and education level in their own language thus not being able to read bilingual or translated materials developed.
- Low or lack of awareness and understanding of service system thus not being able to ask the correct questions, request support, understand system entry and exit points etc.
- Fear/mistrust towards services and government institutions reflected in lower levels of participation and access of CALD groups.
- Stigmas and misconceptions about services develop further segregation, isolation and perceptions of discrimination and exclusion.
- Unrealistic expectations towards services due to limited understanding during assessments and negotiation of service agreements.
- Inability to use modern technology compared to Australian counterparts.
- Limited or no access to information in community language with mainstream services not aware how to locate, resource and utilise bilingual materials and resources.
- Aged care terminology and jargon which is complex for CALD communities to understand. In some languages the word “dementia” is translated as “mental” or to have “psychiatric problems”.
- Limitations to accessing and using interpreters eg availability, costs to services and the individual, limited resources in regional areas, interpreters having limited knowledge or training in aged care terminology, organisational policies around use of interpreters

Access barriers for age care service provider’s include:

- Main stream services limited knowledge of CALD community needs, limited practices in delivery of culturally appropriate care, difficulties in providing their services to CALD market.
- Breaking down CALD Community mistrust of mainstream services and reluctance to access
- Language barriers ie limited access to bilingual/ bicultural work force; i.e. trained staff delivering culturally appropriate care, lack of dialogue between service provider and CALD community.
- Cultural barriers eg cultural perceptions and differences amongst diverse CALD groups.
- Limited knowledge of communities current needs, profile and demographics
- Limited capacity to recruit bilingual staff to meet languages current being serviced
- Limited cultural competency of staff

RECOMMENDATIONS

Linking into CALD specific aged care agencies and services such as Multicultural Councils, Ethnic Councils, in particularly the Community Partners Programs to:

ELDERLY CALD COMMUNITIES

- Expand educational programs to CALD communities about navigating service system e.g. information sessions, using ethnic media
- Provide bilingual information to individuals/ small groups to enable them to make choices re: appropriate services
- Provide links to agencies to assist with referrals to services
- Development of appropriate information/ resources in community languages. Current publications are not effective or delivering results.
- Develop proactive partnerships and links between the CALD communities and aged care service providers, the key here being “active and responsive” partnerships and not tokenistic

PROVIDERS

- Develop trust and positive rapport to link providers with CALD community leaders
- Assist in promotion of services by developing “smart” marketing strategies to meet targeted group and audience keeping in mind cultural and languages differences
- Complement staff cultural awareness training by conducting cultural briefings to multilevel / divisional staff
- Assistance in the development of more culturally appropriate programs and resources
- Ensure cultural and bilingual resources are utilised by providing links and access to resources and monitoring their usage
- Provide expertise and assistance in the development of strategies to meet specific needs of CALD – service recipients/residents related to e.g. Leisure and Lifestyle, dementia, palliative care, dietary and spiritual needs.
- Develop policies and procedures which encourage active engagement of bilingual workers and interpreters when engaging CALD elderly in aged care system
- Older people from culturally and linguistically diverse communities having greater capacity to make informed decisions about aged care support services; and
- Formalised arrangements are made that will sustain the benefits of the CPP project and its strategies and continue to promote and facilitate increased access by culturally and linguistically diverse communities to aged care support services.
- Formalised partnerships with TAFE and universities to provide initiatives to attract bilingual / bilingual students to enter the aged care system

1.2 Equity – Government services should be developed and delivered on the basis of fair treatment of clients who are eligible to receive them.

How can people from CALD background receive an equitable service when there are current limitations and gaps in:

- Complaints mechanisms which foster exclusion or minimise participation of CALD complaints and feedback.
- Access issues limit CALD individuals understanding of rights and responsibilities.
- Due to lack of understanding we observe limited participation in decision making processes and choices
- Language and limitations equates to less access to appropriate advocacy.
- where provisions are not in place to meet the individual's needs because of perceived cultural complexities, individuals may experience discrimination based on cultural, linguistic and religious preferences.

Due to life experiences of the CALD communities e.g. experiences of migration and displacement, refugee struggles, government control, experience of living in war torn countries, torture and trauma, CALD communities are less likely to complain for fear of retribution or loss of "privileges".

Due to the life experiences of the client the behaviours may become complex and challenging therefore further interfering with receiving an equitable service.

RECOMMENDATIONS:

- That a more descriptive and details direction is given to agencies and services to develop complaints mechanisms that encourage, track and support CALD residents complaints and provide feedback effectively in a meaningful and non threatening manner.
- That aged care recipients have immediate access to a "complaints advocate" to lessen delays which create further barriers.
- That the complaints advocate engaged is unbiased
- That aged care recipients who are refugees and have experienced torture/trauma are able to complain without fear of intimidation or retribution, thus accessing an unbiased onsite advocate who can link into the appropriate agencies eg Ethnic Councils, Multicultural Workers, Complaints Investigation Scheme etc
- In-House training programmes given to CALD residents and carers by independent RTO approved trainers on complaints mechanisms, user rights and responsibilities, cultural responsive care and support
- That "complaints mechanisms" are explained at various points of accessing the service/ aged care system. That in the event it is needed, an interpreter/advocate will be engaged.
- That education and cultural competency goes beyond floor staff and includes direct and indirect staff, level management including

committee members etc in understanding the Standards and are able to act on behalf of the resident should a complaint arise.

1.3 Communication – Government service providers should use strategies to inform eligible clients of services and their entitlements and how they can obtain them. Providers should also consult with their clients regularly about the adequacy, design and standard of government services.

Due to the diversity in language, dialects and cultural needs, limitations and breakdown in communication channels amongst CALD communities has seen a “lag” and delay in delivery of services in comparison to their Australian counterparts.

The Productivity Commission states that “elderly are more fluent” in the English language today. This is not necessarily the case for the CALD or ATSI communities who fall further behind.

There are multiple avenues which require review of communication channels and the development of effective bilingual resources which will enable CALD communities to understand the aged care system, the process in accessing these services.

- This includes:

- o Complex jargon often lost in translation
- o Complex written formats or simple documents such as flyers, posters, materials and resources
- o Complex contracts and service agreements which confuse the care recipient
- o Lack of consultation between mainstream aged care providers and CALD communities.
- o Lack of English proficiency
- o Communication strategies that are responsive to CALD community's eg Muslim community and the need for nutritional HALAL food.
- o Consultations with CALD communities regarding residential care facilities is non-existent in consulting in the design, planning, building or retirement facilities to implement cultural ageing in place.

Residents are “groomed” to meet facility structures, instead of structures developed and purpose built to respond to the needs of the CALD residents. The current trend seems to be the ‘high-rise style” resort. When we discuss “home away from home” how do these facilities deliver these expectations. How do these environments reflect “true life” for CALD elderly who are used to gardens and open space living, not an “artificial life syndrome”?

RECOMMENDATIONS:

- Engage CALD communities in the initial development stage of building facilities. Facilities to clearly demonstrate how they have engaged and consulted with the client group prior to planning and development stages. Funding to be subject to demonstrating consultation and engagement of CALD communities if the facility states it will provide culturally appropriate care and quality of life.
- Develop marketing campaign and resources aimed at dispelling the myths and familiarises CALD clients with aged care terminology
- Engagement of CALD expertise from the sector to assist in adequacy, design and standard of government services.

1.4 Responsiveness – Government services should be sensitive to the needs and requirements of clients from diverse linguistic and cultural backgrounds, and responsive as far as practicable to the particular circumstances of individuals.

The key phrase is “should be sensitive” and this is a common issue for CALD elderly people in the aged care system. How do services and agencies demonstrate “should” or “encourage” or “try” to be “responsive” to CALD needs and how are the accreditation board and monitoring bodies approving competency in these areas without clear demonstrated strategies.

RECOMMENDATIONS:

- Review of initial points of entry of CALD elderly into aged care system and how can these entry points be more responsive and effective ie, more education to health professionals in Dr’s Surgeries, hospital, discharge planners, community nurses, community hospitals, rehab hospitals etc
- Government responsibility to develop/ deliver cross cultural/ educational programs and recognised training modules for community and health services
- Simplifying the Aged Care System where language is simplified, jargon and aged care terms are translatable into the native language
- All Client Assessments across health and aged care sector include accurate collection of data and information regarding cultural, religious and spiritual needs
- Recognised training for workforce development eg cross cultural briefings by expertise in the field i.e Community Partners Programs
- A truly responsive service needs to consider how they clearly demonstrate responsiveness not only at the initial assessment or consultation, but periodically throughout their travel through the complex maze of the aged care system. Are changes in the client or consumers needs monitored, how, how often and are cultural and religious practices taken into consideration during these life

stages. This includes the complexities and diverse responses during choice and decision making, emotional support, specialised nursing needs, palliative care etc.

- Organisational policies and practices need to clearly reflect a commitment to CALD appropriate care during various stages of access. Again governing bodies need to lead in this arena in what is deemed as competency in demonstrating responsiveness in CALD individual care whether it is residential or community care.

2. FUNDING AND REGULATORY ARRANGEMENTS, GOVERNMENT ROLES AND RESPONSIBILITIES

Currently the Aged Care Standards and the forty-four (44) expected outcomes are open to misinterpretation, with the implication that there are huge variations between Homes and inconsistencies in practices

The 4 Aged Care Standards are underpinned by three recurring expected outcomes:

.1 Continuous improvement

The organisation actively pursues continuous improvement.

.2 Regulatory compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirement professional standards and guidelines.

.3 Education and staff development

Management and staff have appropriate knowledge and skills to perform their roles effectively.

The outcomes are integral in the effective management of a Home. However with changing CALD demographics and the expected growth of CALD service users in the near future, there is no mention of the provision of culturally appropriate care and with nearly one third of all residents/service users being of CALD background there is a serious need to revise the Expected Outcomes.

Regardless of size or ethnicity, Homes are not widely accessing external expertise in the provision of culturally appropriate care. Services such as peak CALD bodies or the Community Partners Program are designed specifically to be used as a tool to develop cultural appropriate responsive services. More needs to be done to ensure aged care sector engages and partners with such services.

In regards to the assessment of residential care facilities, 50% of assessors are ex-registered nurses who may have limited cross cultural training and awareness. With a workplace focus on clinical care, these assessors focus more on clinical care rather than on aspects of Standard 3 and the nurturing of CALD residents through the provision of culturally appropriate care.

With current sampling standard of approximately 10% of residents in aged care facilities, is there a bias towards non Anglo-speaking residents because it may be deemed “too difficult” to interview non English speaking residents. How accurate is the interview of a CALD resident in view of accuracy and understanding of the interpretation, the expectations of the CALD resident, the understanding of their rights and the complaints mechanisms. And for those who have suffered war and oppression, and have a deep distrust of officialdom and a very strong fear of reprisals if they were to complain, then how true are the results of an interview?

RECOMMENDATIONS:

2.1 THE STANDARDS

- Through government leadership and direction, the standards need to be reviewed to include cultural competencies and outcomes under each of the standards.

In view of the provision of culturally appropriate care, the Standards need to be more prescriptive in the way in which cultural competencies and cultural outcomes are adequately met and not left to the interpretation of the individual assessor or facility management.

With the need to competently deliver culturally appropriate care, “outcome **3.8 Cultural and spiritual life**” needs to become a core outcome under each of the current four Standards as does “.1 Continual Improvement”, “.2 Regulatory Compliance” and “.3 Education and Staff Development”

2.2 AGED CARE STANDARDS AND ACCREDITATION AGENCY (ACSAA)

- Increasing ACSAA's role to providing information sessions to CALD communities on the Aged Care Standards
- Funding guidelines and conditions to include greater diverse and cultural accountabilities
- ACSAA assessors are to complete at a minimum cross cultural training and the how to apply cultural competence to each Standard and Expected outcomes
- ACSAA assessors who are bi cultural or bilingual to be partnered with other Assessors in the field
- The Aged Care Standards and Accreditation Agency should have its powers and responsibility extended beyond the Residential Care Sector to community care.

2.3 THE ACCREDITATION ASSESSMENT

- That Assessors are required to complete cultural competency training as part of their Assessor qualifications.
- That all levels of aged care management and boards are aware of cultural responsibilities as part of the Accreditation Assessment of their facility
- Legislative changes to ACSAA on site assessments

- That more time is spent examining each expected outcome as the current approximate times of 15 minutes which cannot accurately assess levels of competence
- A true representation of CALD residents are in the resident sample

2.4 AGED CARE AND ASSESSMENT TEAM (ACAT)

- That ACAT assessments take into consideration the language skills, educational background, life experiences and expectations when assessing a CALD client
- Assessment tools are re-developed and geared to assessing a CALD client and taking into account other world experiences and cultural influences
- That assessments accurately demonstrate clients understanding of process assessment, the questions and the outcomes
- Review of assessment tools to suit the client, taking into account the client's educational status and language ability

3. WORKFORCE REQUIREMENTS

The reform must include strategies to secure greater choice in appropriately trained bilingual / bicultural aged care force for the future given the 66% increase in CALD consumers over the coming years. Currently there is a shortfall of available competent bilingual aged care workers, particularly in emerging languages and needs e.g. African languages, Middle Eastern, South American etc.

Shortages in bilingual aged care staff equates to less responsive services and staff who are unable to meet the needs of the aged care target group.

Untrained staff and workforce not familiar with Accreditation Standards, guiding principles and outcomes equates to ignorance and non-responsive service at a grass root level.

Volunteering supported model is currently experiencing significant barriers and challenges. Costs to petrol prices, low remuneration returns, lack of bilingual volunteers, and a drop in volunteering rates is creating significant challenges in the sector, particularly in regional areas.

Ageing carers, particularly in CALD communities where traditionally carers (being children and siblings) have moved out of the area to seek employment, have their own families and the extended family concept has deteriorated where the individual no longer can rely on a carer for support.

RECOMMENDATIONS:

- That all executive i.e. managers, CEOs, DONs receive compulsory training on the Standards as part of the Accreditation process and how to apply them

- That all staff receives compulsory training on the four Standards and the forty–four expected Outcomes as part of the Accreditation process and how to apply them
- Aged Care Standards and Accreditation Agency (ACSAA) deliver training modules to providers, management and staff
- Ensure that key managers oversee the implementation of workforce training in cross cultural training and are held accountable for such
- That the CALD expertise of peak bodies and programs such as the Community Partners Coordinators (CPP) are engaged to provide cultural briefings to all staff and management
- Ensure that training in cross cultural competence is delivered to agency staff at all levels and is certificated for purposes of gaining Accreditation and workforce standing. That this training is evaluated and revised bi annually.
- That there is an appropriate ratio of bi lingual/bi cultural staff to CALD residents
- Currently the aged care workforce is predominantly made up of older women. There is a need to investigate national partnerships with the Department of Education and Training (to target students in year 10 and 12), TAFE and universities to identify strategies to engage a younger generation into aged care workforce. This is demonstrated by the “Links to learning program” funded by the Department of Education and Training.
- Marketing campaign to engage more men and youth into the aged care sector.
- Credit standing for bilingual students entering universities for gerontology, nursing, leisure lifestyle at TAFE to encourage development of bilingual and bicultural workforce
- Volunteers – appropriate remuneration of volunteers in aged care.
- Review processes for Recognition of Prior Learning (RPL) which leads to poorly trained aged care workers who require extensive on the job training which places a strain on Human Resources.
- Paid social support/ in home support model recognising the level of care, skill and responsibility cannot be met by current volunteer model.

4. REFORM OPTIONS AND TRANSITIONAL ARRANGEMENTS

Concerns regarding new reform and business model

- The CALD communities may not have the capacity or infrastructure to compete against competitive tendering.
- The commission report does discuss the CALD specific complexities of the existing aged care system.
- The Commission’s Issues Paper provides a diagram which identifies the levels of high and low care. Efficient transition from low to high care (community to residential) is experiencing dilemmas and gaps.
- Delays in ACAT assessments due to demand for assistance and limited access to bilingual staff has created greater bottle neck and delays in

receiving services. As a result in the delay of ACTA assess CALD elderly who naturally depend on their children as primary carers in their old age will refuse services if there is not a timely response.

RECOMMENDATIONS:

CALD EXPERTISE GROUPS and SERVICES

- Providing more bi lingual Community Partners coordinators representing all the language groups
- That the role of the CALD specific programs is extended to:
 - Advocacy roles for CALD communities receiving community or residential care support
 - For purposes of assessments and the Accreditation of Homes, assisting Assessors to achieve cultural competency, increasing knowledge and recognition of the characteristics and needs of CALD communities eg life experiences, traditions
 - Partnering with ACSAA assessors during on-site assessments of Homes for purposes of interviewing CALD residents to provide a true representation of CALD resident
 - Assisting the ACSAA in creating modules for age care staff in the provision of culturally appropriate care and therefore increasing access and equity
 - Facilitating information sessions by ACSAA to CALD communities, (aged and carers), on the Aged Care Standards, Complaints Investigation mechanisms and compliance by agencies

THE ROLE OF CALD COMMUNITIES

- To act as peak representatives to government in the reform process and CALD communities are contributing to the planning and evaluation process
- CALD communities are readily accessible to have input into regional planning and responses e.g Productivity Commission, Policy development, service and facility development
- To have solid CALD expertise and representation on boards and committees of agencies

THE ROLE OF ETHNIC ORGANISATIONS

- To assist Aged Care Service providers in creating policy documents which reflect CALD communities contribution to the planning and evaluation process
- To have input into soundly-based assessments and reform options
- To provide cultural expertise by participating in reform, regional boards and committees
- To link mainstream to CALD services and agencies promoting best practice and identifying transitional gaps and pathways

- Facilitate and assist in organising consultation groups with CALD groups and consumers for feedback to the Commission.
- Transition can be further assisted through the expertise of CALD agencies and services which can take on board the leadership and advocacy role for the CALD consumers. For example the Community Partners Program, Multicultural Access programs, Ethnic and Multicultural Councils are existing service or structures which are currently engaged to meet gaps in services, provide training to the sector, and education to the community to improve culturally appropriate care across the different levels of care.
- Transition of Health care to the commonwealth should not see the deletion or loss of autonomy of much needed CALD services and agencies due to the competitive market and tendering process. These agencies have developed rapport, engagement practices and pathways which have taken years to develop where mainstream services have experienced difficulty delivering.

On behalf of the CALD communities in the Illawarra and Shoalhaven, we wish to thank the Productivity Commission for the opportunity to provide feedback on the Issues Paper.

Given the complexity of the system and the diverse needs of the ageing CALD community not all issues were raised or discussed in this response. We look forward to the opportunity to continue to have input into the Productivity Commission leading up the draft report due in December 2010.

As stressed in the beginning of the response, the value of consultation with regional communities needs to be highlighted and extended. We recommend contacting your CALD agencies and regional Multicultural Councils to organise community consultation and facilitate opportunities for feedback by regional CALD groups for the next draft of the next report.

Multicultural Communities Council of Illawarra
NSW