Caring for Older Australians
Productivity Commission Inquiry 2010

TACS Submission

Addressing the needs of Culturally and Linguistically Diverse (CALD) Older People

1. Introduction

About TACS

The NSW Transcultural Aged Care Service (TACS) is funded by the Department of Health and Ageing under the Partners in Culturally Appropriate Care (PICAC) initiative and the Community Partners Program (CPP). Both programs aim to promote and facilitate increased and sustained access to aged care for culturally and linguistically diverse (CALD) communities, identified in the Aged Care Act as a special needs group.

This paper provides information and outlines features of the current aged care system that impact on CALD access to equitable aged care services. We hope that this will contribute to informed decision making in aged care reform.

CALD Demographic Context

The CALD population in Australia is ageing more rapidly than the mainstream population. It is estimated that by 2026 one in every four people aged 80 years and over will be from a CALD background. The trend is uneven across the spectrum of CALD communities with some northern European groups rapidly dwindling in number, while immigrants from southern Europe and South East Asia, especially the Chinese communities, have rapidly growing needs for aged care. Other groups from Asia and the Middle East have emerging aged care needs and current immigration/resettlement from Africa will further increase those communities aged care needs in the future.

According to the ABS (Census 2006) 152,987 people in NSW aged 70 years and over (23.5% of total) stated that they are of CALD origin, although only 69% nominated their particular linguistic background. The majority of these reside in metropolitan Sydney followed by Illawarra and Hunter regions. The top languages for the current 70 plus CALD population are Italian, Greek, Cantonese, Arabic and German. (See TACS website: http://www.cs.nsw.gov.au/csahs/ggrm/tacs/def.cfm?p=2)

Barriers to older people from CALD backgrounds accessing aged care services proportional to their presence in the aged population include communication difficulties and unfamiliarity with the aged care system in Australia. The access discrepancy is most evident in residential care. Some CALD communities have significant representation in community care services, but there are indications that

they are generally inadequately informed about all aged care options, including those for respite care and other carer support services.

Given the significant demographic trends, service providers need to be encouraged to take a more pro-active approach to engaging with their local CALD communities in order to improve/maintain access and ensure quality of service for this significant cohort of the population.

Literature Review

In general there is a marked lack of evidence-based research on issues affecting CALD older people in Australia, particularly in relation to policy and practice. The Hogan report provides us with a starting point by identifying AIHW statistics that demonstrate the CALD population is ageing more rapidly than the mainstream and further comments on the pattern of CALD usage of services. 'The NSW Aged Care Alliance is of the view that people from diverse language and cultural background under-utilise aged care services and it appears that statistics would confirm this. For those from a non-English speaking background, 16.3 residents per 1000 people used residential care, whereas for those from an English speaking background the figure is 25.5 residents per 1000 people'(Hogan Review, 199).

If we accept that CALD older people are under-utilising aged care services the following questions need to be investigated in order to determine why this is the case and how it can be addressed:

- Are CALD communities aware of the aged care services on offer?
- Do CALD communities understand how to access services on offer?
- Do CALD communities want the services on offer?
- Do the services on offer meet the needs of CALD communities?

These questions will be considered in relation to the key areas that form the Commission's focus of inquiry.

2. The Service Delivery Framework

While information and programs exist to promote and explain Commonwealth and State-funded aged care services, the nature of the topic, complexity of the system and manner of information delivery means that the message is unlikely to reach its target.

Residential Care

Residential care is generally not an option considered by CALD communities due to cultural expectations that families will care for their elderly parents. Many CALD persons would be unaware of existing services or eligibility and access processes. Those who are may find themselves stymied by waiting lists or a lack of culturally appropriate options. As a result CALD older persons access residential care at crisis point without planning or preparation. Many aspects of decision-making at that point can be confusing and culturally confronting e.g. residential admission policies, care plans.

Options available for CALD entering residential aged care can be described under the following headings:

1. **Ethno-specific Facilities**: CALD communities in general prefer facilities that identify strongly with their own cultural background, but this is not an option for the majority of communities. There are also geographic limitations as all ethno-specific facilities are located in metropolitan Sydney and the Illawarra. Some of the communities with ageing profiles that have already peaked, e.g. Estonian and Dutch, find that they cannot fill their ethno-specific facilities with their own members and are looking to attract other CALD groups with a similar background or open their services to the whole community. Ageing in place is not a feature of these services.

2. **Multicultural Facilities**: There are only a few services that identify themselves clearly as multicultural. Some demonstrate their commitment to serving diversity by having mission statements, policies and procedures that reflect their philosophy. In practice catering to very diverse needs is not easy but at least CALD communities feel welcome in such facilities. Other multicultural facilities, in spite of specific CALD allocations, do not seem to be serving the targeted communities well. This may be due to financial pressures to keep beds occupied irrespective of allocation commitments. On the positive side there are facilities which are not labeled 'multicultural' yet they operate as such by virtue of their locality and catchment area. Informally and in response to practical needs, some have adapted their routine services to suit their diverse care recipients. Their efforts are not recognised by the system.

3. **Mainstream Facilities with strategies for CALD clients (Clustering Facilities)**: In some residential facilities there are formal or informal clusters of residents from specific cultural backgrounds. 'Formal' means the provider has signed a memorandum of understanding or has some other form of agreement with a relevant CALD organisation. Some clustering arrangements work very well. Cluster residents are provided occasionally with their preferred meals and they have access to their spiritual leaders who are welcome to the facilities, volunteers from their background, culturally appropriate activities and satellite TV. The success of a CALD cluster does not depend on whether it is formal or informal but it primarily reflects the commitment and positive attitude of the provider at the leadership level.

4. **Mainstream Facilities with no strategies for CALD clients**: In most cases and especially in areas with a sparse CALD population, it is possible to find residents who are culturally isolated. In these instances the only option for quality service is to adopt the person-centred approach. This is not a bad model for CALD residents overall but it requires effort to communicate adequately with a non-English speaking resident, possibly through a professional interpreter. Otherwise the person-centred approach pays only lip service.

Programs such as PICAC and CPP can provide information and access to resources for service providers who are committed to serving their CALD residents well irrespective of the arrangement they have in place for meeting diversity needs.

Community Care

While accessing care in the home is the preferred option for CALD clients, community aged care services pose a number of challenges for CALD. Again the complexity of services along with an understanding of assessment and access processes can be problematic. A further complication is that in some CALD communities the care of an elderly parent may be shared among family members in different locations. This requires a continuity of services and programs across different areas that doesn't exist under the current system.

Community aged care options for CALD are described as follows:

1. **CALD-specific packages**: There are reportedly long waiting lists for these packages; an indication of preference by target communities. This possibly reflects the ability of the provider to recruit workers from the relevant CALD background. It has been argued that this is a way of breaking social isolation, particularly for CALD care recipients who may live in outer Sydney and semi-rural areas. In general ethno-specific services are better equipped to provide CACPs rather than EACH or EACHD as it is difficult for them to attract staff with the required qualifications. Brokerage arrangements with mainstream providers offer a solution.

2. **Multicultural packages:** These are available for a number of CALD communities including the smaller and emerging ones. They are based in localities with high concentrations of migrants and understand multicultural issues. Their workforce is bilingual and they tend to have good relationships with ethno-specific services. This facilitates cross-referrals to help alleviate long waiting lists.

3. **Mainstream services:** In some areas this is the only option. Again the person-centred approach is a good model for managing diversity. Cultural awareness among staff should help to improve the quality of service to CALD care recipients.

Respite Care

CALD communities in general do not understand the concept of respite. It is a difficult term to translate and the idea is culturally unacceptable in some communities. CALD family members acting as carers are unlikely to recognise themselves as performing a formal role. As such, access to respite places is seen as a transitional solution rather than as a respite for the one acting as carer.

Options for CALD clients are described below:

1. **NRCP (at home & in the community)**: There are multicultural respite care providers with experience in catering to CALD communities. They can provide culturally appropriate activities, are aware of cultural norms and some of their staff match the linguistic profile of their clients. Mainstream services may have difficulty in offering respite in the home of CALD older persons due to their lack of bilingual staff. Brokerage arrangements to access workers from ethno-specific services can be very useful in this case. In some areas a network of respite services and Day Centres works very well in terms of cross-referrals.

2. **NRCP (facility based):** Ethno-specific, clustering & multicultural facilities are better equipped to handle respite clients from target communities. Often respite in a facility is used by families as a trial before deciding on more permanent residential options. Sometimes a transitional arrangement works this way even if the intention was not there in the first place.

3. Funding & Regulatory Arrangements

Funding

The current ratios, set out to determine the annual allocation of funding, make it difficult for those CALD communities who fall below the aged care ratio to receive adequate consideration. The onus is on the provider to produce evidence to substantiate any applications for funding on the basis of special

needs groups. This requires extra time, cost and effort on behalf of the provider but there are no government incentives or clearly stated requirements that CALD needs be taken into consideration.

The cost of aged care is another disincentive for CALD community members who do not see value for money in the costs of care. CALD older persons have often worked hard to gain assets such as a family home that they can pass on to their children (the welfare of the children is often the main reason for migrating to another country). Many are also socioeconomically disadvantaged, without the same levels of superannuation to fall back on as non-migrants, and totally reliant on the aged care pension. For some emerging communities even a small fee is beyond their means. Their lack of community infrastructure also means they miss out on the funding support accessed by more well-established communities.

Residential Care

Fear of cost or losing home is very common among CALD communities. There is a wide-spread perception that entering residential care means losing the family home. This is due to rampant misinformation – more so than in the English-speaking community. Not many understand the distinction between high and low care and are completely unaware that there are two very different systems for estimating residential care costs. They hear 'bonds' and assume that they apply to everything. Even when they learn more about it, e.g. through information sessions or radio programs delivered by the Community Partners Program workers, they may not know how to access specialist financial advisors. Relying on family members to communicate in these circumstances is usually the only option but this poses a risk for elder abuse that may remain undetected because of the language barrier.

Community Care

In the community care sphere there are different complications. The discrepancy of fee-paying among different providers causes great confusion. The names of different programs and services mean little to non-English-speakers. So when they hear of a friend or neighbour who pays less on a particular service, their sense of fairness and social justice is provoked. This may be the underlying cause for a well known reluctance among CALD to pay fees for aged care services. In addition many migrants bring with them expectations of a welfare state where social services should be entirely government-funded and fee-for-service is an unacceptable concept. For others, it is a cultural issue. 'Why pay money for a service that their daughter etc. can do for free?'

Regulation

While it can be argued that standards are based on equity of care for all including CALD persons, there are no clear benchmarks against which quality culturally appropriate care can be measured. There is the danger that any actions are merely 'tick the box' efforts as accreditation time nears. CALD residents may miss out on being part of the feedback process if interpreters are not employed and are likely to have difficulties accessing complaints mechanisms or may even be culturally disinclined to make negative comments about care.

Residential Care

Providing culturally appropriate care in the residential setting is enshrined within the Aged Care Accreditation Standards. Outcome 3.8 refers clearly to valuing and fostering individual interests,

customs, beliefs and cultural and ethnic backgrounds under the heading of 'Cultural and spiritual life'. Yet almost every other criterion can be shown to have cultural connotations. What does this mean in terms of quality of service? Has any facility ever been reprimanded for failing to take into consideration the cultural background of its residents? Essentially there is no effective policing mechanism to identify inappropriate practice in relation to special needs care recipients.

Services such as PICAC attempt to provide education to accreditation assessors to enable them to identify good and bad practice in this area. There are some good examples of culturally appropriate service contained in some accreditation reports. At best a culturally sensitive provider will highlight some successful strategies in catering to the needs of their CALD residents but what happens to those who fail? The sad conclusion is that cultural needs are a low priority in a sector where workforce is scarce.

Community Care

The Quality Care Framework has not been officially endorsed yet. Will the quality reporting be better in encouraging services to be more responsive to cultural needs? It remains to be seen. In the current fragmented system the expectations of CALD older persons can be unrealistic and sometimes this is a cause for conflict between care recipient or family and the service provider. Describing a paid carer as a 'cleaner' is very common among CALD communities. This 'definition' carries certain expectations which are usually unfulfilled. Managing expectations is a big factor in successful interactions with CALD care recipients and very often their family carers too.

4. Government Roles & Responsibilities

The split between state and commonwealth government responsibilities, particularly in relation to HACC and Community services is particularly confusing for CALD older persons who may find themselves shuffled to different services without understanding why. The announced reforms have been welcome by the CALD communities who are looking into an integrated case management system to best serve their older members under care.

Generally there is an expectation that Government will play a regulatory role but some CALD persons, depending on their previous experience and political system background, may prefer the Government or the non-for-profit sector to provide services to them rather than a for-profit organisation. This does not necessarily mean that the level of services will be better but it is a matter of perception.

5. Workforce Requirements

The workforce challenges become even more complicated when catering for CALD clients. The ideal is to be able to match staff profile to the background of the client to manage communication difficulties and cultural expectations. However, while some cultures are well represented in aged care fields, others such as European workers are unlikely to take up such roles. In order to meet this gap TACS undertakes cultural awareness training for aged care residential and community staff. Unfortunately there is currently no requirement for staff to take up such training and given the time and cost constraints among services, priority is usually given to other types of mandatory training.

Residential Care

Due to staff shortages in the residential sector it may be difficult to release staff to attend cultural awareness training. In today's environment, where many aged care workers are recruited overseas, the need for cultural awareness has been more acute; not necessarily in terms of CALD residents but in the context of a foreign worker providing services to an Anglo-Australian.

Difficulties in attracting staff also mean difficulties in matching staff profiles to that of residents; this can be particularly isolating for CALD residents who have reverted to their first language and are unable to communicate with staff or other residents. Allowing time for workers to learn even a few words and sentences so they can communicate at a very basic level with their CALD residents is of paramount importance to the quality of life of isolated residents.

Community Care

Many CALD individuals are wary of having a stranger in their home, and many prefer to remain on a waiting list until a worker who speaks their language can be found; others don't mind as long as a case manager or coordinator speaks their language or communicates with them through an interpreter. In fact in a small number of cases, a CALD family may request a worker from a different background because of confidentiality concerns. This is more evident in the smaller groups.

Respite Care

Mainstream services may have difficulty in offering respite in the home due to lack of bilingual staff. Respite is also a concept misunderstood by CALD older persons and some cases of conflict or refusal of service have been reported because of wrong expectations. Making sure that the purpose of the service is well explained may improve the environment for a respite worker and lead to more successful service delivery. It may be sufficient in some cases to provide workers from a similar cultural or linguistic background.

6. Reform Options & Transitional Arrangements

Reform Recommendations

At Service Level:

- In residential facilities small and emerging communities without the advantage of numbers could be clustered with other groups of similar background e.g. Lao and Burmese with Vietnamese. The system should provide incentives for providers who are willing to enter into clustering arrangements and particularly welcome smaller CALD groups.
- Enhance brokerage arrangements between mainstream and ethno-specific community and respite services and encourage more networking through a systematic approach; build on the experience of networks that have worked very effectively in this area.
- Provide incentives for service providers in locations highly populated by CALD to release staff to attend relevant cultural briefings by CPPs.
- Make it mandatory for all staff to have passed Cultural Competency – core subject for Cert III and IV in Aged Care and to attend regular refreshers organised by PICAC.

- Assessments at all levels should be culturally appropriate to avoid frightening CALD potential care recipients who may have experienced torture and trauma and are wary of over-bureaucratised procedures that may trigger flashbacks. Aged care workers who are involved in assessments should undergo specific cross-cultural training.

At Planning Level:

- New residential facilities should be designed with specific wings to allow for the clustering of CALD residents (if that meets the client wishes).
- Encourage service providers to develop their own special needs policy; guide for CALD policy already exists on cultural diversity website but local PICAC can also help.
- CALD needs coordination could be located at or associated with planned 'One-Stop Shops' with link to CPPs and interpreters.
- Support research initiatives for the evaluation of current models of CALD care (especially residential aged care).
- Research initiatives to understand the role and pressures on family or informal carers of CALD recipients should be supported. To this day there has not been any work done in this area.

At System Level:

- Re-introduce the cultural pool concept to cover the cost of interpreters and translations of resources. Professional interpreters are particularly vital for discussions of a confidential or legal nature e.g. care planning, complaints
- Interfacing with Health could mean accessing Health Care Interpreter Services in NSW or equivalent services in other states and territories (in NSW health interpreters are now only accessible by ACATs who are administered by the Health system).
- Interfacing with Health may also mean being part of the system that monitors services to CALD communities such as the Multicultural Policy Statement introduced by the Community Relations Commission in NSW; a similar monitoring process could be extended to aged care.
- Implement a case manager role to be performed by an individual who speaks the language of the care recipient and can interpret if necessary (minimal skills at NAATI 2). This role should be identified as a pivotal position in community care and would negate the need for bilingual care workers
- Appoint a Special Needs Liaison Officer (for large organisations this could be a full time position; for smaller operators specific duties could be allocated to a nominated position such as an educator); this person will maintain contact with PICAC/CPPs and other special needs stakeholders.
- Self-directed care is an ambivalent concept among CALD community representatives. It is preferable to wait for mainstream trials to be completed in the Australian context before extending to CALD families because of the potential for abuse when the care recipient cannot speak English.

The NSW Transcultural Aged Care Service undertakes to assist further in the process of exploring the issues affecting the quality of aged care available to CALD communities. For more information, please contact: tacs@sswahs.nsw.gov.au or call (02) 9378 1216