

29 July 2010

Inquiry into Caring for Older Australians
Productivity Commission
GPO Box 1428
CANBERRA CITY
ACT 2601

Email: agedcare@pc.gov.au

Dear Sir/Madam

We welcome the opportunity to make a submission to the Productivity Commission Inquiry into Caring for Older Australians. This submission has been prepared with input from the leading providers of aged care services to the Jewish community within Australia.

We would be happy to speak to the submission or provide further information to the Commission as it undertakes its work, investigating this important area of social policy. In the first instance please contact:

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Yours sincerely

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חן
chessed
kindness

משפחה
mishpacha
family

דרך ארץ
derech eretz
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charity

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Submission to:

Productivity Commission Caring for Older Australians

The Needs of the Jewish Community in Australia

July 2010

Prepared by:

Federation of Jewish Aged and Community Service Organisations (FJACSO)

A Policy Arm of the Executive Council of Australian Jewry

An umbrella organisation of Jewish Care organisations across Australia focusing on advocacy, professional development and excellence in the delivery of services to the Jewish community.

Jewish Care Victoria
Jewish Care Sydney
Maurice Zeffert Home Perth
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Introduction

The Jewish community is a strong and vibrant part of the Australian community numbering between 100,000 and 120,000 people. The majority of Australian Jews were born in other countries, with the majority coming from the United Kingdom, Poland, the Former Soviet Union, and South Africa. The challenges for the Jewish community have much in common with mainstream Australia in regard to caring for older Australians. The Jewish community is a rapidly ageing population.

In addition the external challenges the community faces include confronting anti-Semitism, protection from terrorism, and maintaining a satisfactory relationship with government (Jones,2006).

There is a very strong sense of **Jewish identification** in the Jewish community. Between 80 and 90 percent of respondents to the recent Gen'08 survey, undertaken by Monash University, showed that their 'Jewishness' was an important or defining characteristic of their lives. **Family connectedness** was of particular importance with over 70% indicating that they spent Friday evenings (the Sabbath) with their family every week or most weeks.

This translates into a strong demand for aged care services which understand the unique cultural and religious needs of the Jewish people. This uniqueness and need is demonstrated in Sydney and Melbourne where Jewish aged care homes and welfare services have been operating for well over 140 years.

The Jewish community, despite the common myths about it being a predominantly wealthy community, has pockets of poverty. The recent Gen'08 survey reported that those at greatest risk by a large margin are those unable to work because of disability.

This strong identification with community means there are particular Jewish issues that must be addressed not only by Jewish providers of care but also by other aged care providers who are seeking to provide services to members of the Jewish community. This submission has identified those issues, in summary they are:

- Provision of services to older people that respect and meet cultural and spiritual needs;
- Requirement to provide kosher food services;
- Capital costs associated with providing services close to the Jewish community, including additional security costs;
- Needs of Holocaust survivors and the impact of Claims Conference;
- Provision of language and translation services;
- Attracting and retaining staff who understand and are sensitive to the needs of Jewish people;
- General practitioner services;
- Needs of older people who suffer social disadvantage;
- Needs of the old old (85+).

The submission will now consider each of these in turn. Each issue is discussed and then possible solutions are provided for the Commission to consider in its deliberations.

1. Provision of services to older people that respect and meet cultural and spiritual needs

The needs of Jewish people to receive services that are culturally and spiritually sensitive are enshrined in the Aged Care Act. All Australian Governments are committed to respecting and providing services that meet the needs of people from Culturally and Linguistically Diverse (CALD) backgrounds.

For aged care service providers to provide these services to the Jewish people has significant cost penalties. The first is the provision of services that embrace religious observance of Holy Days within the Jewish community, this is in addition to the already gazetted public holidays. This has to be negotiated with the staff working within the facilities and does result in significant additional costs.

In addition, the practices associated with caring for the resident's body at the time of death, whereby a staff member must remain with the body (unless a family member is present) until the body is removed by a funeral director.

There are also additional costs associated with providing religious and spiritual services to residents and their families and carers. This service is usually funded in part by the aged care provider.

The other major cost is the provision of kosher food and this is covered in point 2 below.

Possible solutions:

That the Commission consider recommending that an additional loading for cultural and religious needs be applied to ACFI – a cultural sensitivity measure.

That Government provides additional funding for specific cultural and linguistic services – like the chaplains in schools model.

2. Requirement to provide kosher food services

One of the key reasons that people choose Jewish services is the capacity of these services to provide Kosher foods. The Gen08 survey has shown that over 50% of Jewish people keep some kosher in their homes.

The cost penalty for service providers who provide Kosher food and the supervision of kitchens (Kashrut) in the aged care sector is 33% higher than for non-Kosher services. This cost is borne by the service provider and this impost results in some services running at a loss because current funding models for aged care do not take this additional cost into account (this cost penalty is also experienced by service providers in the United States).

If services cannot afford to continue to provide Kosher food there is the potential for discrimination action by clients of Jewish aged care services because the government states it is committed to the provision of CALD services. What needs to be taken into account is that to provide these services can and does incur additional costs which are in addition to the provision of 'mainstream' services. The authors of this submission would be please to provide further information about this to the commission.

Possible solution:

The Commission considers recommending an additional loading for the provision of kosher food services which can be demonstrated to the funders of aged care services – i.e. funding the true cost of providing these services.

3. Capital costs associated with providing services close to the Jewish community, including additional security costs

Jewish people live in close knit communities in the major cities in Australia. The importance of community is a vital part of being Jewish for both cultural and religious reasons. The Gen08 study showed that around 80% of participants feel a strong connection to the Jewish community.

As a result residential aged care services need to be provided within the Jewish communities – in Melbourne and Sydney particularly the communities are located in areas with enormously expensive land costs. The current funding model for residential aged care does not take account of these costs.

Residential services for both aged and Disability (aged) must be provided within these communities to maintain community connections and for religious reasons (e.g. ability to walk to a Synagogue on a Saturday).

As the majority of Jewish people are entering aged care at a high care level the inability to charge bonds means the incentives for providing and being able to maintain financial viability are severely limited.

In addition there are additional costs associated with the provision of security services, particularly in the larger congregate care settings where there are growing risks associated with anti-Semitism.

In relation to costs for all services we support the views held by other major providers who have made submissions to the Commission that there needs to be the 'unbundling' of the costs of care into their component parts – cost of care, hotel services and accommodation. This would provide more transparency in the system and allow providers to develop packages of care, providing the consumer with more choice. This could be modeled on the Individual Service Packages that have been developed in the Disability field.

This would mean in practice that if someone is assessed as requiring high care that they would have made available to them the true cost of providing this service in a residential placement made available to them – they would then use these funds to purchase packages of care that would support their care needs. This would then allow the marketplace to develop new models of care that would meet the consumers needs rather than the limited 'one size fits all' model that currently dominates the field.

Possible Solutions:

That the Commission, under anti-terrorism measures, recognises the unique challenges faced by Jewish service providers and makes provisions for funding for security services;

and

That the Commission recommends to Government that a more transparent funding model be developed for aged care which allows the true cost of each component of services provided to older people to be transparent and provide more consumer choice in the mix and matching of services.

If this more flexible funding model cannot be introduced then:

The Commission recommends to Government that bonds be able to be charged for high care places.

That the Commission recommend to the Government that it supports providers to develop alternative models of aged care provision that will better meet the needs of future recipients of aged care services.

4. Needs of Holocaust survivors and the impact of Claims Conference

The Jewish Community currently provides a range of aged care services to Holocaust Survivors whose special needs are well recognised. Jewish community services currently provide additional services to older people who are Holocaust survivors from Claims Conference funds which are provided by the Governments of countries that participated in the Holocaust to assist Jewish people. These services are provided on top of the community aged care packages funded by Government due to the special needs of aging individuals' who carry with them the emotional and psychological trauma of the Holocaust. This funding stream is vulnerable.

Should we lose this funding there would be an increased demand for community services above the planning ratios within the immediate Jewish precincts of Melbourne and Sydney.

Possible Solutions

That the needs of Holocaust Survivors be built into the ACFI tool in residential aged care and also in the provision of community aged care services.

5. Provision of language and translation services

Older people within the Jewish community come from a range of culturally diverse backgrounds, including people from the former USSR, Poland, Israel and Europe post World War II. These groups are overly represented in the current 65+ age group. As a result there is a need for interpreter services, language and translation services and/or the employment of bilingual workers.

Possible Solutions

That the Commission recommend the provision of Language Services (Interpreter and Translation Services) through a central pool of funds that can be accessed by any aged care provider to provide for the use of language and interpreting services.

That the Commission recommend that bilingual staff be paid an allowance for the additional skills they bring to the workforce.

6. Attracting and retaining staff who understand and are sensitive to the needs of Jewish people

Jewish Care organisations have depended on bilingual staff to meet the needs of residents and families. However with the ageing of the workforce there are increasing shortages of staff (experienced by all providers) and for Jewish services the lack of bilingual staff which will increase the need for both interpreter and translation services in all aged care services (see point above).

There are also additional costs associated with training and recruitment of staff to meet the needs of Jewish people, including cultural awareness training. Jewish services have to provide specific training programs in provision of care to Holocaust Survivors, understanding the needs of specific cultural and religious groups within the Jewish communities, such as, orthodox families.

Possible Solution

That additional funding be provided for the provision of CALD training and induction.

7. General practitioner services

The need for general practitioner services in residential aged care services is a problem Jewish organisations face along with other providers. This problem has been identified in many of the submissions already made to the Commission.

Possible Solution

That the Commission recommend to Government that more effective funding is provided to general practitioners so that they can provide more effective and accessible medical services to residents in residential aged care facilities.

8. Needs of older people who suffer social disadvantage

There are members of the Jewish Community who face social disadvantage. Jewish community organisations are aware of emerging groups within the community who will require flexible service models, these include:

- Orthodox communities – who are a growing group within the Jewish community who will require aged care services that meet their cultural and religious requirements;
- Socially disadvantaged groups – such as people who migrated to Australia in the 1970s and 80s from the former USSR who do not have access to private superannuation and private housing;
- Older people with disabilities.

To provide services to these and other emerging groups Jewish providers of care will need to be able to pilot and develop newer models of care.

Possible Solutions

The Commission recommends to Government that it provide pilot/innovation funding to develop new models of care particularly for CALD communities.

References

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