



Multicultural Disability Advocacy Association of NSW

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Response to the Productivity Commission Draft Report –

Caring for Older Australians

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About MDAA

The Multicultural Disability Advocacy Association of NSW (MDAA) is a state-wide advocacy organisation representing the rights and interests of people from non-English speaking backgrounds (NESB) with disability, their families and carers in New South Wales. MDAA strives for a community where everyone, regardless of background or disability, feels welcome, included and supported. MDAA has more than 500 individual and organisational members across the state.

MDAA will provide a more comprehensive response to the draft report on the long term care and support of people with disability but has taken this opportunity to express concerns in relation to caring for older Australians and the artificial separation of the two inquiries.

Separation of aged care from disability

The commission acknowledged that it had received several submissions advocating for an integrated disability and ageing system (Productivity Commission, 2011, p. 266). MDAA is disappointed that it has failed to address the concerns raised. MDAA accepts that the two sectors involve significant differences in goals and philosophies but rejects the notion that this requires two distinctive systems. Both systems are currently failing people from diverse backgrounds due to their inability to accommodate people with different aspirations, goals and needs. Creating a system that is adaptable to different preferences and needs is a prerequisite for any equitable system of care and support – regardless of how the need for such care arises.

The commission itself acknowledged that there is a significant overlap between disability and aged care. It states,

People with disabilities should receive services from providers best skilled to meet their needs howsoever funded. So, for example, a person with a severe long term disability such as multiple sclerosis may be best served by specialist disability providers to the end of life. On the other hand, people who acquire early onset disabilities normally associated with ageing such as severe dementia might be best served by providers skilled in the support for older Australians. (Productivity Commission, 2011, p. 266).

These situations are not uncommon and reflect the inherent problem of separating the two. Both sectors lack the expertise to cater for a person with disability who is ageing. The current separation has resulted in a complete failure to address the intersection between ageing and disability. It is unclear how the commission intends to address this.

Removing the power

The other problem with separating aged care from disability is that aged care concerns typically take political precedence over the needs of people with disability. For example, there is a significant overlap between the needs of the ageing population and people with disability for the need for accessible housing. This has been an issue for people with disability for decades with sporadic government initiatives addressing their concerns in a very slow transitional manner. The PC's separation of ageing needs from disability needs will result in low accessibility standards in relation to people with disability. Recommendation 10.2 states:

For older people with functional limitations who want to adapt their housing, the Australian Government should develop building design standards for residential housing that meet their access needs. Those standards should be informed by an evidence base of the dimensions and

capabilities of people aged 65 and older and of the dimensions and capabilities of contemporary disability aids.

As noted by the commission, Australians who are ageing have had an opportunity to accumulate wealth (Productivity Commission, 2011). This contrasts significantly to the position of people with disability who are particularly vulnerable in relation to housing policy. The Australian Housing and Urban Research Institute (AHURI) identified the following barriers:

- Low rates of participation in the formal labour force
- The need for housing that is accessible to public transport
- Rental housing is often seen to be inaccessible to people with disabilities,
- Home purchase is seen to be too expensive and beyond the reach of many households affected by disability...
- Many people with disabilities are reliant on public rental housing
- There are non-economic barriers to participation in the housing market among some groups within the housing market.
- People with disabilities living in rural and remote regions are seen to be especially disadvantaged. (Tually & Beer, 2010, pp. 41-43)

Basing accessibility recommendations on the needs of ageing Australians will once again set benchmarks that will inevitably exclude people with disability. When they attempt to enter the rental market there is no obligation for the landlord to make adaptable changes to the premises, even when the person the disability will pay for it. With lower rates of employment participation it is particularly difficult for them to purchase their own homes.

If Australia wishes to be an inclusive society than the standards that maximise accessibility for everyone, not just the ageing, must be preferred. Whilst it can be argued that there are more ageing Australians there remains a greater moral imperative for basing accessibility standards on people with disability. Unlike those who acquire disability as they age, people with disability require accessible housing and are effectively excluded from social activities based in inaccessible homes and premises for their entire lifetime.

Not just language

MDAA welcomes the commission's use of NESB as a marker and the recognition of people from NESB as a special needs group. The provision of interpreting services and culturally appropriate diagnostic tools should be regarded as a starting point to improve service provision, not the end point of culturally accessible services.

Recommendations 9.1 and 9.2 refers to professional development activities which increase their 'cultural awareness' and 'culturally appropriate' (Productivity Commission, 2011, pp. L-LI). These terms are extremely weak. Whilst it is important

for staff to be aware of diverse cultures it is not possible to be informed of all cultures and awareness alone will not deliver responsiveness. MDAA recommends the use of the term 'cultural competence' to foster a values system that enables an individual or agency to interact with and respond to the different needs of diverse individuals.

The commission noted that the complicated aged-care system has additional barriers for those with low English literacy rates and recommends the establishment of an 'Australian Seniors Gateway Agency'. Information not only needs to be simplified, it needs to be available and distributed in culturally accessible ways. How information is distributed and presented impacts on who receives and understands it. The establishment of a gateway agency must ensure that it actively engages multicultural communities and demonstrates best practice in multicultural marketing.

Recommendations

MDAA makes the following recommendations which, if implemented would respond to the cultural diversity of people with disability, their families and carers in Australia.

Recommendation 1: That the Australian Government improves the quality of data on the needs of NESB people with disability and carers in Australia.

Recommendation 2: That the Australian Government improve the cultural competence human services so that they meet the needs of people from NESB with disability who are ageing and their carers.

Recommendation 3: That the *Aged Care Act 1997* be amended to include people with disability as a special needs group and be eligible for aged care services before the age of 65.

Recommendation 4: A seamless transition process be developed from disability to aged care service system.

Works Cited

MDAA. (2002). *Less Talk, More Action*. MDAA.

Productivity Commission. (2011). *Caring for Older Australians - Draft Report*. Melbourne: Commonwealth of Australia.

Productivity Commission. (2011, January). *Report on government services*. Retrieved February 17, 2011, from Productivity Commission:
http://www.pc.gov.au/__data/assets/pdf_file/0016/105352/068-chapter14-chapter.pdf

Tually, S., & Beer, A. (2010). *Housing assistance, social inclusion and people with disabilities - AHURI Positioning Paper No. 131*. Australian Housing and Urban Research Institute .